

‘She said she was in the family way’

Pregnancy and infancy in modern Ireland

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Edited by
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Abbreviations

<i>BMJ</i>	<i>British Medical Journal</i>
BSDH	Board of Superintendence of Dublin Hospitals
CTSI	Catholic Truth Society of Ireland
DDA	Dublin Diocesan Archives
<i>DMP</i>	<i>Dublin Medical Press</i>
ICPRS	Irish Catholic Protection and Rescue Society
IFC	Irish Folklore Commission
ILP	Infant Life Protection
ISPC	Irish Society for the Prevention of Cruelty to Children
MPSI	Member of the Pharmaceutical Society of Ireland
NAI	National Archives of Ireland
NFC	National Folklore Collection
NLI	National Library of Ireland
NSPCC	National Society for the Prevention of Cruelty to Children
NUI	National University of Ireland
PRONI	Public Record Office of Northern Ireland
PSI	Pharmaceutical Society of Ireland
TNA	The National Archives of the UK
WHAI	Women's History Association of Ireland
WMWC	Westminster Moral Welfare Committee

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Foreword

Mary O'Dowd

The portrayal of Irish society in the past as sexually repressed and dominated by the ethos of the Roman Catholic Church is a familiar one. Yet, there has been surprisingly little research into how this moral regime functioned in practice or how individual men and women responded to it. The chapters in this volume explore some of the means to which Irish people negotiated their way around the legal and social regulation of their private lives from the seventeenth through to the middle decades of the twentieth century. They question many of the common assumptions made about Irish society and sexual practices. Individual chapters suggest, for example, that the history of birth control in Ireland is more complex than has been recognized; that sex outside marriage was more frequent than a previous generation of historians appreciated; and that, despite the much vaunted love of children by Irish families, infanticide was a regular occurrence in eighteenth- and nineteenth-century Ireland. It was also a crime which members of the local community often helped the perpetrators to conceal. The book, thus, amply fulfils the 'ground breaking' remit of the Institute of Historical Research for its new series.

A core aim of the Women's History Association of Ireland is to promote research into the history of women. The association was very pleased to host the 2010 conference on the theme of infants and children in Queen's University Belfast. The proceedings, edited by the conference organizer, Elaine Farrell, not only represent a significant contribution to the history of women in Ireland but they also open up new research agendas into the history of childhood and of parenthood. In English historiography, women's history emerged from a renewed interest in social history in the late twentieth century. By contrast, in Ireland, as this volume demonstrates, women's history has been one of the driving forces behind the development of Irish social history.

Many of the chapters in the collection examine issues that still have a contemporary resonance in Irish society. They provide a valuable historical context for the public discourse on topics such as the use of contraceptives, abortion, single motherhood and the care of children. For this reason, too, the book should have a wide readership and impact.

Introduction

On 16 April 2010, as the ash cloud from Iceland's Eyjafjallajökull volcano impacted on the European airspace, delegates gathered in Queen's University Belfast for the Women's History Association of Ireland annual conference. The theme was pregnancy and infancy in the Irish past, and the conference papers revealed the rich sources available for a study of the social, cultural, legal and medical aspects of such a subject. The twelve chapters in this collection are based upon papers delivered at that conference.

Motherhood was an important part of a woman's identity in the Irish past. As Rosemary Raughter's evidence in this volume suggests, some women in eighteenth-century Ireland were pregnant or nursing for much of their adult lives. In the nineteenth century too, women were expected to marry and reproduce. Maria Luddy emphasizes that during this period, 'For those who remained in Ireland and married, the production of children was the expected outcome'.¹ Indeed, as Ann Daly notes in this volume, some medical men thought that a woman who did not reproduce was 'subject to a plethora of illnesses that were exclusive to her sex'. In the early twentieth century, the 'ideal' woman was similarly a married mother. Myrtle Hill argues that 'the major and expected consequence of marriage was, of course, motherhood, and this status was endowed with saint-like qualities'.² Maryann Gialanella Valiulis explains that later, in post-independence Ireland, it was 'through motherhood especially that women performed their service to the State'.³

Despite the importance placed on the role of the mother and mothering duties in the Irish past, we know relatively little about pregnancy, childbirth and infant care. In her 2007 publication, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60*, Lindsey Earner-Byrne highlighted that the subject of maternity 'has been conspicuously absent in the body of literature on Irish women'. She argued that in spite of 'the centrality of the "mothering experience" to women's lives, "maternity" has not provided much allure for historians, primarily because it held little interest for contemporaries'.⁴ The chapters in this collection add to our knowledge

¹ M. Luddy, *Women in Ireland, 1800–1918: a Documentary History* (Cork, 1995), p. 6.

² M. Hill, *Women in Ireland: a Century of Change* (Belfast, 2003), p. 22.

³ M. G. Valiulis, 'Virtuous mothers and dutiful wives: the politics of sexuality in the Irish Free State', in *Gender and Power*, ed. M. G. Valiulis (Dublin, 2009), pp. 100–14, at p. 102.

⁴ L. Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60* (Manchester, 2007), p. 2.

of the 'mothering experience' in the Irish past. Through an analysis of pregnancy, childbirth and infant care, much is revealed about gendered attitudes and the medical, legal and social treatment of pregnant females, parturient women and mothers in past centuries.

In recent years, scholars of Irish social history and women's history have examined particular aspects of pregnancy and infant care as part of wider studies of Irish women's history, sexuality and work.⁵ Studies of midwifery, nursing and obstetrics, particularly by Jo Murphy-Lawless, add much to our knowledge of the medical treatment of pregnant and parturient women and newborn babies.⁶ Caitriona Clear's research on the decline of breastfeeding in the twentieth century and studies of individual maternity hospitals highlight changing attitudes and practices across the centuries.⁷ Experiences of Irish childhood have also been explored in recent scholarship,⁸ although significant

⁵ See, e.g., C. Clear, *Women of the House: Women's Household Work in Ireland, 1926–61. Discourses, Experiences, Memories* (Dublin, 2000); Hill, *Women in Ireland*; Luddy, *Women in Ireland*; L. McCormick, *Regulating Sexuality: Women in 20th-Century Northern Ireland* (Manchester, 2009); M. O'Dowd, *A History of Women in Ireland, 1500–1800* (Harlow, 2005); R. C. Owens, *A Social History of Women in Ireland, 1870–1970* (Dublin, 2005).

⁶ T. A. Clarke and T. G. Matthews, 'The development of neonatal paediatrics at the Rotunda – a tribute to Dr. W. R. F. Collis and Sister Maudie Moran', in *Masters, Midwives and Ladies in Waiting: the Rotunda Hospital, 1775–1995*, ed. A. Browne (Dublin, 1995), pp. 118–59; D. Devane and J. Murphy-Lawless, 'Scene and obscene: childbirth in Ireland, 1650–1750', in *Nursing and Midwifery in Ireland in the 20th Century: 50 Years of An Bord Altranais, 1950–2000*, ed. J. Robins (Dublin, 2000), pp. 138–57; M. A. Kelly, 'The development of midwifery at the Rotunda, 1745–1995', in Browne, *Masters, Midwives and Ladies in Waiting*, pp. 77–117; A. McMahon, 'Regulating midwives: the role of the RCPI', in Robins, *Nursing and Midwifery*, pp. 158–71; J. Murphy-Lawless, 'The silencing of women in childbirth, or, let's hear it from Bartholomew and the boys', *Women's Studies International Forum*, xi (1988), 293–8; J. Murphy-Lawless, 'Images of "poor" women in the writing of Irish men midwives', in *Women in Early Modern Ireland*, ed. M. MacCurtain and Mary O'Dowd (Dublin, 1991), pp. 291–303; J. Murphy-Lawless, *Reading Birth and Death: a History of Obstetric Thinking* (Cork, 1998); S. Ryan, 'Interventions in childbirth: the midwives' role', in *Women and Irish Society: a Sociological Reader*, ed. A. Byrne and M. Leonard (Belfast, 1997), pp. 255–67.

⁷ Browne, *Masters, Midwives and Ladies in Waiting*; C. Clear, 'The decline of breastfeeding in 20th-century Ireland', in *Irish Women's History*, ed. A. Hayes and D. Urquhart (Dublin, 2004), pp. 187–98; J. K. Feeney, *The Coombe Lying-in Hospital* (Dublin, c.1980); C. Ó Gráda, 'Dublin's demography in the early 19th century: evidence from the Rotunda', *Population Studies*, xlv (1991), 43–54; *Public Virtue, Public Love: the Early Years of the Dublin Lying-in Hospital, the Rotunda*, ed. I. C. Ross (Dublin, 1986).

⁸ See, e.g., V. Crossman, 'Cribbed, contained, and confined? The care of children under the Irish Poor Law, 1850–1920', *Éire-Ireland*, xlv (2009), 37–61; H. Ferguson, 'Surviving Irish childhood: child protection and the death of children in child abuse cases in Ireland since 1884', in *Surviving Childhood Adversity: Issues for Policy and Practice*, ed. H. Ferguson, R. Gilligan and R. Torode (Dublin, 1993), pp. 14–26; M. Luddy, 'The early years of the NSPCC in Ireland', *Éire-Ireland*, xlv (2009), 62–90; M. J. Maguire, *Precarious Childhood in Post-Independence Ireland* (Manchester, 2009).

gaps remain. The chapters in this collection shed light on aspects of infancy in Ireland from the seventeenth to the twentieth century. Experiences of and attitudes towards single mothers and illegitimate babies in Ireland have also been the focus of recent scholarly attention.⁹ Emerging research on the institutional care of women and children adds to our knowledge of sexuality, illegitimacy, single motherhood and childhood in the Irish past.¹⁰

While the mother is an obvious central focus of a study of pregnancy and infancy, married and unmarried fathers are also discussed in a number of chapters. Changing ideas about masculinity ensured that concepts of fatherhood developed over time, alongside attitudes to both motherhood and childhood. In general, the father's role during this period was to provide for his family. Specific chapters on illegitimacy, single motherhood or infanticide also refer to the father who attempted or successfully managed to shirk his responsibilities at a time when paternity could not be verified. Little, however, is known about experiences of Irish fatherhood and the ways in which fathers reacted to partners' pregnancies and labours. This book highlights the rich and varied primary source material available for the study of Irish fatherhood and illustrates the need for further research on the subject. This volume also reveals much about Irish society generally through themes such as contraception, childbirth, midwifery, medicinal care, institutions, infant and maternal mortality, child abuse and neglect, infanticide, emigration, material culture and consumerism.

The volume is divided into five distinct sections. The first part of the collection focuses on the pre-pregnancy stage by exploring the theme

⁹ Earner-Byrne, *Mother and Child*, pp. 172–220; L. Earner-Byrne, 'The boat to England: an analysis of the official reactions to the emigration of single expectant Irishwomen to Britain, 1922–72', *Irish Economic and Social History*, xxx (2003), 52–70; *Single Motherhood in 20th-Century Ireland: Cultural, Historical, and Social Essays*, ed. M. C. Ramblado-Minero and A. Pérez-Vides (Lewistown, 2006); C. Rattigan, "'Half mad at the time': unmarried mothers and infanticide in Ireland, 1922–50", in *Cultures of Care in Irish Medical History, 1750–1970*, ed. C. Cox and M. Luddy (Basingstoke, 2010), pp. 168–90; Rattigan, "'Dark spots" in Irish society: unmarried mothers and infanticide in Ireland, 1926–38', in Ramblado-Minero and Pérez-Vides, *Single Motherhood*, pp. 83–102. Sociological studies of single mothers in the contemporary era include A. O'Hare, M. Dromey, A. O'Connor, M. Clarke and G. Kirwan, *Mothers Alone? A Study of Women who Gave Birth Outside Marriage – Ireland 1983* (Dublin, 1983).

¹⁰ F. Finnegan, *Do Penance or Perish: Magdalen Asylums in Ireland* (Oxford, 2004); M. Luddy, *Women and Philanthropy in 19th-Century Ireland* (Cambridge, 1995), pp. 110–48; M. Luddy, *Prostitution and Irish Society, 1800–1914* (Cambridge, 2007), pp. 76–123; M. Rafferty and E. O'Sullivan, *Suffer the Little Children: the Inside Story of Ireland's Industrial Schools* (Dublin, 1999); J. Robins, *The Lost Children: a Study of Charity Children in Ireland, 1700–1900* (Dublin, 1980); J. M. Smith, *Ireland's Magdalen Laundries and the Nations Architecture of Containment* (Manchester and Notre Dame, Ind., 2007).

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of contraception. It can be difficult for historians to determine how contraceptives were regarded in the past. Through an in-depth analysis of the *Dublin Medical Press*, Daly illustrates the attitudes of members of the medical profession to birth control in the latter half of nineteenth-century Ireland. In an effort to highlight that other motives underlay such attitudes, she links the campaign against ‘quack’ medicine and birth control to the attempt by the medical profession to exert control and force unlicensed competitors out of the field.

A study of birth control during this period can also reveal much about sexuality. In her recent analysis of nineteenth-century breach of promise of marriage cases, Luddy argued that ‘social attitudes to sexuality were perhaps still a little more fluid in the late 19th century than we are accustomed to believe’.¹¹ Daly found that products claiming to be contraceptives and birth control pamphlets were regularly advertised in the pages of nineteenth-century Irish local and national newspapers, suggesting that they were popular during this period. This evidence indicates that post-Famine Ireland was not the celibate society that has often been assumed, an argument also put forward by Diarmaid Ferriter in his recent study of sexuality in nineteenth- and twentieth-century Irish society.¹²

The twentieth century also witnessed concern about the use of birth control. Building on her previous work on sexuality in twentieth-century Ireland,¹³ Sandra McAvoy explores attitudes to birth control in the years leading up to the Censorship of Publications Act (1929) and the Criminal Law Amendment Act (1935). She examines the role and activities of the Evil Literature Committee, arguing that ‘Anti-birth control witnesses at the Evil Literature Committee were, in essence, seeking a return to the regulation and legal certainties of the previous century’. The twenty-page report produced by the committee recommended that the sale of publications encouraging the prevention of conception by ‘unnatural’ means should be restricted, and that the sale of such texts to unauthorized persons should be a punishable offence. This evidence, like that presented in Daly’s chapter, illustrates the attempt by medical professionals, the ‘authorized persons’,

¹¹ M. Luddy, *Matters of Deceit: Breach of Promise to Marry Cases in 19th- and 20th-Century Limerick* (Dublin, 2011), p. 18.

¹² D. Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (2009), p. 15.

¹³ S. McAvoy, ‘Sexual crime and Irish women’s campaign for a Criminal Law Amendment Act, 1912–35’, in Valiulis, *Gender and Power*, pp. 84–99; S. McAvoy, ‘Before Cadden: abortion in mid-20th century Ireland’, in *The Lost Decade: Ireland in the 1950s*, ed. D. Keogh, D. Finbarr O’Shea and C. Quinlan (Cork, 2004), pp. 147–63; S. McAvoy, ‘The regulation of sexuality in the Irish Free State, 1929–35’, in *Medicine, Disease and the State in Ireland, 1650–1940*, ed. E. Malcolm and G. Jones (Cork, 1999), pp. 253–66.

to regulate birth control in Ireland. Subsequently, the Pharmaceutical Society of Ireland endeavoured to prohibit the sale of contraceptives, which, McAvoy convincingly argues, was crucial for the ban on the sale and importation of contraceptives introduced in 1935.

The second section of the volume focuses on themes of pregnancy, childbirth, and infant and maternal deaths. In her chapter, Clodagh Tait highlights that relatively little is known about infant and child deaths in Britain and Ireland in the pre-census period. One can bemoan the difficulties in examining mortality in seventeenth-century Ireland due to the availability of sources. Tait, however, skilfully uses evidence gleaned from baptism, marriage and death registers from the parishes of Monkstown, County Dublin and Killaloe, County Clare. Building on her previous research on death in Ireland,¹⁴ she discusses the deaths of mothers, fathers and infants, providing statistical evidence that suggests a surprisingly low infant mortality rate in the two parishes. Tait couples the statistical evidence with tales about the plight of individuals and particular families during this period. Perhaps surprisingly, her evidence indicates that disease and other tribulations caused more deaths than childbirth among women of childbearing age in Monkstown and Killaloe. Tait's chapter reveals the rich evidence that can be gleaned from a meticulous study of parish registers, which one might have assumed hold 'no real human drama'.

The theme of infant mortality is continued in Rosemary Raughter's chapter. Raughter's essay is based on a close examination of Elizabeth Bennis's spiritual journal, which dates from 1749 to 1779. Bennis, who married her cousin (a hardware shop owner) and resided in Bow Lane, County Limerick, gave birth to ten children in seventeen years, of whom only four survived childhood. In her study of women in the home, Clear has admitted that her chapter on pregnancy and childbirth lacks 'women's own descriptions of how they experienced childbirth itself – pain, pain relief, duration and so on'.¹⁵ Bennis's response to her pregnancies and to the ailments and difficulties that accompanied those pregnancies is inadvertently revealed in her diary. Bennis's diary entries also convey her reaction to the deaths of her children and document her struggle to come to terms with her grief: 'The loss of my child is ever before me, and the grief of my husband strikes to my very soul, whose heart was pent up in this child, being his first, and only son'; 'The Lord has now taken away my other child also – two out of three in one week!' Through a study of Bennis's journal, much is revealed about a non-elite woman's attitude to the joys

¹⁴ C. Tait, *Death, Burial and Commemoration in Ireland, 1550–1650* (Basingstoke, 2002).

¹⁵ Clear, *Women of the House*, p. 97.

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and sorrows attached to motherhood in eighteenth-century Ireland. The emotion conveyed in Bennis’s early eighteenth-century writings, skilfully presented by Raughter, complements the evidence gleaned from Tait’s late seventeenth-century church records.

While Bennis gave birth at home, surrounded by her family and friends, other women gave birth in Irish institutions. Julia Anne Bergin discusses intern and extern services offered by the Coombe Lying-in Hospital and the Rotunda Maternity Hospital in late eighteenth- and nineteenth-century Dublin, providing a glimpse of day-to-day life in these institutions for the staff and patients. Bergin’s chapter also offers a view of experiences of childbirth among poor women in Irish society. She describes the entry to the hospital for a woman who was ‘as clean in her clothes, as her circumstances will allow, and free from vermin’, labour on the ‘birthing couch’, and the recuperation period and post-natal care. Clear argues that ‘Removing the place of birth from the mother’s dwelling-house, and replacing the midwife with the doctor “medicalised” normal childbirth’.¹⁶ As Bergin’s chapter on Dublin lying-in hospitals illustrates, the medicalization of childbirth did not necessarily benefit parturient women and recently delivered mothers. The statistical evidence of maternal mortality and morbidity highlights the dangers of childbirth for Irish women during this period. In her study of childbirth in Ireland, Jo Murphy-Lawless noted that one nineteenth-century master of the Rotunda Maternity Hospital believed that female patients rather than male midwives caused the high rate of puerperal fever in the hospital.¹⁷ Bergin’s chapter similarly indicates the risks that women in childbirth faced in Dublin as a result of unhygienic practices employed in the lying-in institutions.

The third section considers particular objects and commodities utilized as part of childcare routines and childrearing practices in the Irish past. Emma O’Toole explores the medical treatment of babies and young children in eighteenth- and nineteenth-century Irish homes. She interrogates five household medicinal remedy pocketbooks kept by the Townley Balfour family, focusing in particular on that belonging to Lady Florence Townley Balfour, the mother of nine children, which was started in 1800 and includes more than 200 medicinal remedies. Mothers could collect remedies, recipes and household advice from newspaper sources, domestic advice and cookery books, and medical pamphlets, as well as from family members and friends. As O’Toole argues, the ‘decision to call the apothecary, surgeon or physician was a last resort when household medication had proved unsuccessful’. The

¹⁶ Clear, *Women of the House*, p. 96.

¹⁷ Murphy-Lawless, ‘The silencing of women in childbirth’, p. 297.

evidence that Lady Townley Balfour's pocketbook 'included a number of handwritten remedies on scraps of paper and letters, which were glued into the bound books', indicates the importance of informal support networks in early nineteenth-century Ireland. This research reveals much about the realities of motherhood and household management during this period.

In her study of country furniture in eighteenth-, nineteenth- and twentieth-century Irish homes, Claudia Kinmonth noted that cradles 'were traditionally handed down through the generations of families, sometimes being used for literally dozens of children'.¹⁸ The cradle, in its various forms, was thus an important piece of furniture in the Irish family home. Elaine Murray's chapter is based on a catalogue of forty-four surviving eighteenth- and nineteenth-century Irish cradles. Changing attitudes towards infant care and the availability of local materials affected cradle design. More importantly, however, as Murray's evidence indicates, the cradle and the accompanying bedding differed in style according to wealth and class, from the purpose-designed elaborate cradle to the cradle-substitute. Although cradles 'all serve a basic desire to induce sleep', the disparity in design suggests the extent to which experiences of Irish infancy could vary significantly according to wealth during this period.

Like some poverty-stricken parents, some unwed Irish parents may not have welcomed pregnancies. The fourth part of the book examines the 'illegitimate' Irish family in the late nineteenth and early twentieth century. Sarah-Anne Buckley looks at the topic of the nurse-child and the child-minder or 'baby-farmer' in Ireland, and casts light on a subject that has hitherto received little attention from scholars. She explains that 'infants placed at nurse were predominantly illegitimate children, who due to economic necessity and the shame of illegitimacy needed to be kept for a number of months or years by someone other than a relative'. Buckley analyses cases of child abuse and neglect using National Society for the Prevention of Cruelty to Children annual reports and case files, newspapers and court records, and in so doing reveals the negative treatment of infants and young children during this period. While instances of 'baby-farming' detected outside Ireland were commented upon in the Irish press, judges and reporters were reluctant to use the term in an Irish context. In 1898, for example, a writer for the *Freeman's Journal* highlighted that: 'Baby starving under the euphemistic title of baby farming is not a common or popular business in Ireland, whatever it may be on the other side of the Channel'.¹⁹ Buckley considers attitudes to illegitimate infants, unmarried mothers and

¹⁸ C. Kinmonth, *Irish Country Furniture, 1700–1950* (New Haven, Conn., 1993), p. 176.

¹⁹ *Freeman's Journal*, 20 Oct. 1898.

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child-minders, and traces how the Infant Life Protection Act (1872) and the 1908 Children Act operated in reality in Ireland. Her chapter thus allows the experiences of Irish ‘baby-farmers’ and nurse-children to be placed in international context.²⁰

The decades after independence witnessed concern about high rates of female emigration, ‘interpreted as a statement about life in Ireland as much as it was regarded as a decision to carve out a new life in another country’.²¹ Jennifer Redmond focuses on the subject of Irish women in Britain in the 1920s, 1930s and 1940s. During this period, concerns were also voiced about sexual morality. Using newly discovered primary source material, Redmond argues that it was against a ‘backdrop of curiosity and alarm at sexual impropriety that attention was paid to those unmarried mothers who had fled to Britain’. Restrictions during the Second World War meant that those wishing to travel from Britain to Ireland required permits, among the records of which are a small number of applications from unmarried Irish mothers and pregnant women. An analysis of individual cases reveals that contemporary assumptions in Britain and Ireland about pregnant Irish emigrants and returning unmarried mothers concealed a ‘multiplicity of experiences’. While a travel permit application does not provide a comprehensive history of events leading up and subsequent to the pregnancy, it offers a brief view of one woman’s life as she attempted to return across the Irish Sea as an expectant or unwed mother. The onset of war resulted in additional paperwork that has allowed Redmond to delve further into the lives of these individual women than has hitherto been possible.

The final section of this volume explores the crime of infant murder in seventeenth-, eighteenth- and nineteenth-century Ireland. The 1707 act ‘to prevent the destroying and murdering of Bastard Children’ enacted:

That if any Woman ... be delivered of any issue of the Body, Male or Female, which being born alive, should by the Lawes of this Realm be a bastard, and that she endeavour privatlie either by drowning or secrete burying thereof, or

²⁰ J. Allen, ‘Octavius Beale reconsidered: infanticide, babyfarming and abortion in NSW 1880–1939’, in *What Rough Beast: the State and Social Order in Australian History*, ed. G. Allen and S. Unwin (Sydney, 1982), pp. 111–29; M. L. Arnot, ‘Infant death, child care and the state: the baby-farming scandal and the first infant life protection legislation of 1872’, *Continuity and Change*, ix (1994), 271–311; D. Bentley, ‘She butchers: baby-droppers, baby-sweaters and baby-farmers’, in *Criminal Conversations: Victorian Crime, Social Panics, and Moral Outrage*, ed. J. Rowbotham and K. Stevenson (Columbus, Ohio, 2005), pp. 198–214; S. Broder, ‘Child care or child neglect? Baby farming in late-19th-century Philadelphia’, *Gender and Society*, ii (1988), 128–48; S. Swain, ‘Toward a social geography of baby farming’, *History of the Family*, x (2005), 151–9.

²¹ Earner-Byrne, ‘The boat to England’, p. 53.

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any other way, either by herselfe of the procuring of others, soe to conceale the Death thereof ... the Mother soe offending shall suffer Death as in the case of Murther except such Mother can make proffer by one Witness at the least, that the Child (whose Death was by her soe intended to be concealed) was borne dead.²²

In his chapter on infanticide in Ireland from 1680 to 1820, James Kelly explains that infant murder was ‘a product, first and foremost, of a code of sexual morality that aspired to interdict sexual activity by women outside marriage by idealizing virtue and by imposing severe social and legal sanctions on those who transgressed’. As argued elsewhere in the volume, this ‘code of sexual morality’ endured in nineteenth- and twentieth-century Irish society. The stigma attached to illegitimacy was also regarded as a primary motive for infanticide outside Ireland during this period.²³ Evidence gleaned from prisoners’ petitions, newspapers and other contemporary printed sources indicates, however, that experiences of infanticide were not identical in the British and Irish Isles. In Scotland, for example, in contrast to Ireland, ‘bloodshed was the norm, rather than the exception’.²⁴ In addition, Kelly argues, ‘there is no evidence to suggest that the Irish authorities emulated their English and Scottish equivalents by prosecuting a large number of infanticide cases to conviction in the aftermath of the enactment of the 1707 infanticide act’. He highlights, however, that the law did not fall into disuse and that capital sentences were occasionally carried into effect in Ireland in ‘exceptional’ cases.

Kelly argues that ‘the slow ebbing of confidence in the capacity of the criminal justice system to prevent infanticide by executing those responsible ... was accentuated in the early decades of the nineteenth century’, and this continued into the post-Famine period. By the latter half of the nineteenth century, infant murder was not, in practice, punished by death, although it remained a capital offence. Elaine Farrell’s chapter is based on a single case of infanticide that occurred in the Ballinasloe Workhouse, County Galway in 1865. Through this individual case study, much is revealed about attitudes to infant murder during this period, particularly in relation to contemporary views of class. The chapter also illustrates that sexual relations occurred

²² 6 Anne, c. 4.

²³ See, e.g., L. Abrams, ‘From demon to victim: the infanticidal mother in Shetland, 1699–1899’, in *Twisted Sisters: Women, Crime, and Deviance in Scotland Since 1400*, ed. Y. G. Brown and R. Ferguson (East Linton, 2002), pp. 180–203. A. Kilday, “‘Monsters of the vilest kind’: infanticidal women and attitudes to their criminality in 18th-century Scotland”, *Family and Community History*, xi (2008), 100–15, at p. 103; N. Woodward, ‘Infanticide in Wales’, *Welsh History Review*, xxiii (2007), 94–125.

²⁴ Kilday, “‘Monsters of the vilest kind’”, p. 103.

outside marriage, further supporting the argument that post-Famine Ireland was not necessarily a chaste society. Although the case study utilized in this chapter is by no means representative of infant murder cases that came before the courts, it offers an alternative perspective to the contemporary image of the young, seduced domestic servant accused of infant murder. An exploration of the crime of infanticide in late seventeenth-, eighteenth- and nineteenth-century Ireland allows for a comparison with characteristics of twentieth-century infanticide revealed by scholars such as Alexis Guilbride, Cliona Rattigan and Louise Ryan.²⁵

The final chapter in this volume focuses on the representation of unbaptized babies and infanticidal mothers in Irish religious folk narratives. Building on her previous research,²⁶ Anne O’Connor explores the ‘legends of the blessed’ and ‘legends of the damned’ and draws on themes examined elsewhere in the volume, such as illegitimacy, sexuality, morality and Catholicism. The chapter is based on an examination of the rich material collected by the Irish Folklore Commission in the 1930s, 1940s and 1950s, as well as O’Connor’s personal folklore collection amassed subsequently. Two narratives, ‘The woman who had twelve illegitimate children’ and ‘Petticoat Loose’, are used to illustrate the impact of religion in Ireland on folklore relating to the spirits of women thought to have murdered infants and the spirits of unbaptized babies. O’Connor places the Irish evidence in international context, revealing the extent to which the two legend types form part of a wider narrative.

²⁵ A. Guilbride, ‘Infanticide: the crime of motherhood’, in *Motherhood in Ireland*, ed. P. Kennedy (Cork, 2004), pp. 170–80; A. Guilbride, ‘Mad or bad? Women committing infanticide in Ireland from 1925 to 1957’, in *In from the Shadows: the UL Women’s Studies Collection*, ed. R. Lentin (Limerick, 1996), pp. 84–92. C. Rattigan, “‘I thought from her appearance she was in the family way’: detecting infanticide cases in Ireland, 1900–50”, *Family and Community History*, xi (2008), 134–51; Rattigan, “‘Half mad at the time’”; Rattigan, “‘Dark spots’”; L. Ryan, “‘The massacre of innocence’: infanticide in the Irish Free State”, *Irish Studies Review*, xiv (1996), 17–20; L. Ryan, *Gender, Identity and the Irish Press, 1922–37: Embodying the Nation* (New York, 2001); L. Ryan, ‘The press, police and prosecution: perspectives on infanticide in the 1920s’, in Hayes and Urquhart, *Irish Women’s History*, pp. 137–51. See also S. R. Larmour (McAvoy), ‘Aspects of the state and female sexuality in the Irish Free State, 1922–49’ (unpublished University College Cork PhD thesis, 1998), pp. 275–320.

²⁶ See, e.g., A. O’Connor, *Child Murderess and Dead Child Traditions: a Comparative Study* (Helsinki, 1991); A. O’Connor, ‘Infants killed before baptism haunt mother: perspectives on a legend type absent in Ireland’, *Bealoideas*, lix (1991), 55–66; A. O’Connor, ‘Women in Irish folklore: the testimony regarding illegitimacy, abortion and infanticide’, in *Women in Early Modern Ireland*, ed. M. MacCurtain and M. O’Dowd (Edinburgh, 1991), pp. 304–17; A. O’Connor, *The Blessed and the Damned: Sinful Women and Unbaptised Children in Irish Folklore* (Bern, 2005).

Introduction

The chapters in this collection are based on an impressive range of primary sources. Evidence is gleaned from letters, court records, official publications and government sources, papers and reports of institutions and welfare agencies, parish registers, newspapers and contemporary printed publications, diaries and pocketbooks, material culture sources, and folk narratives. Many of the sources utilized are underused or undervalued. An assessment of surviving sources reveals that experiences of pregnancy and infancy were by no means uniform in modern Ireland. Attitudes and practices relating to pregnancy, childbirth and infant care developed across the centuries. Daly, McAvoy and Bergin confirm that endeavours by the medical profession to regulate contraception and control childbirth in the nineteenth and twentieth centuries had an impact on the lives of individual women. Each of the chapters in this volume also illustrates that class and wealth generally dictated experiences of pregnancy and infancy. Murray's discussion of cradles and O'Toole's assessment of medicinal remedies and commodities used in the care of infants, for example, stand in contrast to levels of care reported by NSPCC inspectors mentioned in Buckley's chapter. Reactions to pregnancies, births and infant deaths also varied significantly during this period. While some babies were undoubtedly welcomed, pregnancies outside wedlock were a source of 'shame' for some parents in eighteenth-, nineteenth- and twentieth-century Ireland. Likewise, infant deaths were a cause of sadness for some grieving parents like those mentioned in chapters by Tait and Raughter, but could also be tinged with a sense of relief, as the chapters on infanticide suggest. While the availability of sources can often affect the discussion, it is hoped that the wide chronological, geographical and class focus of the volume allows for a balanced understanding of pregnancy and infancy in modern Ireland.

I. 'I would take anything to prevent me
having a child': contraception*

* *Reynolds's Newspaper*, 24 Sept. 1854.

1. 'Veiled obscenity': contraception and the *Dublin Medical Press*, 1850–1900

Ann Daly

Childbirth in the nineteenth century was a hazardous business for women. Many lost their lives due to a variety of complications, from haemorrhaging to blood poisoning. Medical practitioners, having battled to play a leading role in childbirth, were often ill-equipped to deal with complications during the birth process. The development of lying-in hospitals, such as the Dublin Lying-in Hospital in 1757, increased the numbers dying of puerperal fever, as doctors with infected hands attended parturient women. Irvine Loudon noted that high maternal mortality rates were a feature of the Western world from the mid nineteenth century. He attributed this phenomenon mainly to the poor standard of maternal care provided by birth attendants primarily in lying-in hospitals.¹ Loudon points out that from the 1830s onwards, the risk of dying in childbirth was higher among women of the upper and professional classes than it was among skilled and unskilled labourers, who would not have had the means to engage a doctor for the delivery of their children.² Fear of childbirth may, therefore, have been one of the main reasons why women, particularly middle-class women, might wish to control their fertility. However, to demand birth control in the nineteenth century was, in essence, to confront the socially accepted views on women's role in reproduction.

Darwinian sexual science offered 'expert' evidence on the evolutionary differences between the sexes – women were essentially defined as nurturers, their domestic prowess making home life most suitable for them.³ Men, on the other hand, had evolved with aggressive and ambitious traits that made them ideal candidates for public life. Smith-Rosenberg and Rosenberg postulate that the medical profession employed medical and biological

¹ I. Loudon, 'Maternal mortality in the past and its relevance to developing countries today', *American Journal of Clinical Nutrition*, lxxii (2000), 3–4.

² Loudon, 'Maternal mortality', pp. 3–6.

³ See C. Darwin, *The Descent of Man* (1879). In this book, 20 years after the publication of *The Origin of the Species*, Darwin emphasized the centrality of the domestic and, specifically, the reproductive role of women.

arguments to rationalize traditional sex roles.⁴ Charles Darwin (1809–82) argued that the inherent, biologically defined male traits ensured that a man was superior in terms of physical strength and mental powers.⁵ At the same time, new ideas of middle-class respectability emphasized the centrality of marriage and the family, and promoted the importance of the female biological role. If a woman did not become pregnant, what was she to do? The *Dublin Medical Press*, a medical journal established in 1839, corroborated this view, sentimentalizing the maternal role and viewing birth control as an attack on the ‘natural’ order of things. Doctors were eager to promote themselves as the acknowledged authorities on procreation, experts on all matters pertaining to physiology. In a world where they were, as yet, struggling to establish medicine as a respectable profession, practitioners were unwilling to advocate artificial means of regulating reproduction.

This chapter suggests that the significance of the ‘fertility transition’ in Ireland has been somewhat undervalued by historians. It also seeks to refute the idea that Irish society was sexually chaste in the second half of the nineteenth century. Moreover, I would like to argue that more attention needs to be paid to issues of class, gender and religion in considering if and how Irish people controlled their fertility. The history of the availability of contraceptives and the perception of contraceptive advice as a threat to the moral order of the Irish Free State is a subject that Sandra McAvoy explores later in this volume. This chapter prefaces McAvoy’s study and examines the resistance of the *Dublin Medical Press* to contraception in the second half of the nineteenth century, emphasizing the fact that this resistance was linked to the middle-class ideals upheld by the medical profession. The journal’s refusal to accept any form of birth control, and to criticize any group that did, was to be challenged by the emerging neo-Malthusian ideology that expounded cogent science as its rationale – the very discourse that the journal had itself espoused. The last decade of the nineteenth century was to see the journal torn between its middle-class moral code and the rising popularity of rational science that sought to control fertility.

Historiography of contraception

Contraception has a complicated historiography, combining demographic, historical and sociological arguments. For this study, it is important to examine the discourse on what is termed the ‘fertility transition’ of Europe in the second half of the nineteenth century. A significant proportion of

⁴ C. Smith-Rosenberg and C. Rosenberg ‘The female animal: medical and biological views of woman and her role in 19th century America’, *Journal of American History*, lx (1973), 332–56.

⁵ Darwin, *Descent of Man*, pp. 270–1.

research on the change in European demography was undertaken in the 1970s as a result of Princeton University's European Fertility Project.⁶ Work by John Knodel and Etienne Van de Walle made an important contribution to the discourse on fertility and its control.⁷ They pointed out that much of the fertility decline in Europe took place before modern contraceptive methods or safe abortions were available, meaning that couples that limited their family size did so by using withdrawal or abstinence.⁸ These contraceptive methods were available to everyone and did not require medical expertise. Knodel and Van de Walle's work adopted a unitary vision of fertility checks with regard to Europe, emphasizing how western European populations were characterized by later marriages, with significant proportions of the population remaining single in the nineteenth century. This conceptual framework has resonance in the Irish context but it could also be argued that a unitary view of family limitation has its weaknesses. The authors agreed with the widely accepted belief that the Irish were 'stragglers' with regard to the European decline in fertility.

Bengtsson and Dribe conducted a study of fertility in Sweden in the nineteenth century and acknowledged that methods of deliberate control of fertility such as withdrawal (*coitus interruptus*) or abstinence were widely practised in Europe.⁹ Controlling fertility, therefore, was not a new concept in the final decades of the nineteenth century and so was unlikely to have been unknown in Ireland at this time. Bengtsson and Dribe argue that the main explanation behind the 'fertility transition' was the innovation of families who controlled the number of births within marriage to suit their economic circumstances. They emphasized the influence of short-term food prices or real wages on fertility. The idea of a strong fertility response to economic fluctuations suggests deliberate control of fertility and raises interesting analogies with Ireland.

Angus McLaren's important work, published in 1990, gave an interesting overview of the history of contraception, developing the discourse that marriage rates are influenced by economic fluctuations.¹⁰ Significantly,

⁶ The European Fertility Project based in Princeton University in the 1970s had two objectives: to create a quantitative record of the European 'fertility transition'; and to determine the social and economic circumstances that prevailed when the modern decline in fertility began transition. For more, see *The Decline of Fertility in Europe*, ed. A. J. Coale and S. Cotts (Princeton, NJ, 1988).

⁷ J. Knodel and E. van de Walle 'Lessons from the past: policy implications of historical fertility studies', *Population and Development Review*, v (1979), 217–45.

⁸ Knodel and van de Walle, 'Lessons from the past', p. 217.

⁹ T. Bengtsson and M. Dribe, 'Deliberate control of natural fertility population: southern Sweden, 1766–1864', *Demography*, xliii (2006), 727–42.

¹⁰ A. McLaren, *A History of Contraception: from Antiquity to the Present Day* (Oxford, 1990).

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he pinpoints the beginning of the ‘fertility transition’ in Britain to the depression of the 1870s, during which the middle classes negotiated fertility checks. This development subsequently trickled down to the lower classes.¹¹ Crucially, McLaren queries whether changes in fertility could be attributed to common factors across and within societies. Simon Szreter addresses this question in his important work on the ‘fertility transition’ in Britain.¹² Using the published data from the 1901 and the 1911 British census, he rejects earlier views that the fertility change in Europe was a unitary phenomenon. In other words, the reasons for controlling fertility could not be explained by one causal factor. Szreter underlines the importance of examining occupation, class, gender, social identity and sexuality in order to understand fertility changes.¹³ More recently, he acknowledges the predominance of ‘traditional’ methods of contraception such as *coitus interruptus* as a preferred method in Britain, as opposed to industrial products like the male condom or vaginal diaphragm which were not readily available to everyone. Szreter *et al.* also explore the divergence of the radical birth control movement from the more socially conservative groups towards the end of the nineteenth century.¹⁴ They emphasize, in particular, the conservatism of the British medical profession in what they refer to as an ‘obsessive preoccupation with personal self-control’ in the second half of the nineteenth century.¹⁵ Similar aspirations to moral restraint among the medical profession can also be found in the columns of the *Dublin Medical Press*.

How does the discourse on the European and specifically British ‘fertility transition’ relate to the Irish context in the second half of the nineteenth century? The acknowledgement of the predominance of more traditional methods of contraception such as withdrawal, the link between economic climates and marriage fertility, and the importance of cultural factors all resonate with developments in Irish society. K. H. Connell’s most significant contribution to the study of marital fertility emphasized the importance of the match system in Ireland.¹⁶ Connell’s work focused on the restrictive nature of such a system that inevitably led to delayed marriage. Importantly, he highlighted the growing confidence of the Irish peasantry

¹¹ McLaren, *History of Contraception*, pp. 179–80.

¹² S. Szreter, *Fertility, Class and Gender in Britain, 1860–1940* (New York, 1996).

¹³ S. Szreter, R. A. Nye and F. Van Poppel, ‘Fertility and contraception during the demographic transition: qualitative and quantitative approaches’, *Journal of Inter-disciplinary History*, xxxiv (2003), 141–54.

¹⁴ Szreter, Nye and Van Poppel, ‘Fertility and contraception’, pp. 146–7.

¹⁵ Szreter, Nye and Van Poppel, ‘Fertility and contraception’, p. 148.

¹⁶ K. H. Connell ‘Marriage in Ireland: its structure and development since the Famine’, *Economic History Review*, new ser., xiv (1962), 502–23; and K. H. Connell. *Irish Peasant Society: Four Historical Essays* (Oxford, 1968).

as land legislation of the 1870s and 1880s offered them the security of tenure that they had craved.¹⁷ He also postulated that there ‘are few comparable communities that have acquiesced in celibacy as has the Irish peasantry’, pointing to the low statistical rates of illegitimacy as proof of low incidences of sexual relations outside marriage.¹⁸ The fact that 1864 was the first year for compulsory marriage registration has led subsequent historians to question Connell’s data. Connell also argued that contraceptive devices were unavailable to the Irish peasantry, overlooking the fact that *coitus interruptus* was widely used in the nineteenth-century West. He also upheld religiosity, and more specifically Catholicism, as a formidable bulwark against non-marital sex. In his research, Brendan Walsh also focused attention on Catholicism and celibacy and pointed to the church’s negative attitude to sexuality as a reason why Irish peasants, despite long marriage delays, refrained from sexual intercourse.¹⁹ Walsh did, however, acknowledge that in parts of Ireland, in keeping with much of urbanized Europe, people were looking to limit their family size by attempting to control fertility, rather than by avoiding or delaying marriage.²⁰ It might also be suggested that considering the frequent references to contraceptive advice in the local press and the burgeoning rates of syphilis and prostitution crisis in late nineteenth-century Ireland, it seems difficult to conclude that Irish rural society was also unfamiliar with the concept and means of fertility limitation.

Nonetheless, the view that Irish society in the nineteenth century largely refrained from non-marital sex is a recurring and arguably misleading theme in the Irish historiography of fertility. David Fitzpatrick’s work hypothesizes that by the end of the century, Ireland had become ‘a notably celibate nation’.²¹ The effectiveness of Fitzpatrick’s argument is, however, weakened by the relatively high levels of prostitution and venereal disease.²² More recently, Cormac Ó Gráda and Niall Duffy have challenged the traditional view of Ireland during the ‘fertility transition’.²³ While acknowledging the ‘hesitant’ nature of the European ‘fertility transition’ in Ireland, the authors, refreshingly, refute the unitary approach to the understanding of Irish fertility control. The study involves an analysis of statistical data

¹⁷ Connell, *Irish Peasant Society*, pp. 115–16.

¹⁸ Connell, *Irish Peasant Society*, pp. 116–17.

¹⁹ B. M. Walsh ‘Marriage rates and population pressure: Ireland 1871–1911’, *Economic History Review*, new ser., xxiii (1970), 148–62.

²⁰ Walsh, ‘Marriage rates’, p. 161.

²¹ D. Fitzpatrick ‘Marriage in post-Famine Ireland’, in *Marriage in Ireland*, ed. A. Cosgrove (Dublin, 1985), p. 117.

²² For more, see M. Luddy *Prostitution and Irish Society, 1800–1940* (Cambridge, 2007).

²³ C. Ó Gráda and N. Duffy ‘Fertility control early in marriage in Ireland a century ago’, *Journal of Population Economics*, vii (1995), 423–31.

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from the census of 1901 and 1911, concentrating on three distinct areas in Ireland: rural County Clare, County Tyrone, chosen for its large Catholic and non-Catholic population, and finally, the Dublin suburb of Rathgar.²⁴ The authors point to the existence of a level of family limitation in Tyrone and Rathgar, suggesting that in some areas at least, Irish couples were attempting to control their fertility.

The Dublin Medical Press

As the nineteenth century progressed, a medical infrastructure replaced the power of the ascendancy in Irish medical institutions, which in turn enhanced the public profile of the doctor. The absence of a sizeable aristocratic class in Ireland, unlike in England, ensured the influence, both socially and politically, of a burgeoning profession. The Medical Registration Act of 1858 made mandatory the registration of all licensed medical practitioners and set up the General Medical Council to establish minimum standards. The act introduced a single medical register for all qualified practitioners, reflecting a movement towards unification and standardization of training. However, by failing to outlaw ‘unqualified’ practitioners, this act did not give the medical profession the security that it needed. The established profession was at pains to emphasize education, qualifications and respectability as a means of fortifying its authority and social standing in the eyes of the public. In a world where medical practitioners were, as yet, struggling to define medicine as a prestigious and reputable profession, doctors were unwilling to advocate anything that was in direct contradiction to the moral code of the middle class.

The *Dublin Medical Press*, ‘a stamped weekly politico-medical periodical’,²⁵ was first published on 9 January 1839 under the editorship of Dr. Henry Maunsell (1806–79) and Dr. Arthur Jacob (1790–1874). The editorship of the journal was continued by Jacob’s son Archibold (also a doctor) after 1860. The opening words of the editors’ introductory address were: ‘The press which exercises so powerful an influence on the whole frame of society, has never yet been made available for the service of the medical profession of Ireland’.²⁶ This medical publication was ‘directed to educated and cultivated minds’ and would ‘encourage honesty, bridle folly, and resist oppression’.²⁷ My study of the *Dublin Medical Press* (which after 1860, became known as the *Dublin Medical Press and Circular*) identified recurring themes in the journal in the second half of the nineteenth century. The editorial sections

²⁴ Ó Gráda and Duffy, ‘Fertility control’, pp. 424–5.

²⁵ *Dublin Quarterly Journal of Medical Science*, i (1846), xlv.

²⁶ *DMP*, i (23 Jan. 1839), 1.

²⁷ *DMP*, i (23 Jan. 1839), 2.

of the *DMP*, in particular, revealed that the emerging medical profession identified all areas of public life as being within the realms of its authority. It became increasingly clear that the journal, in this period, was at pains to establish medicine as a respectable profession, on a par with the more established occupations of law and the church. Robert Rowlette highlights that the *DMP* had a wide circulation and was well received and read by the medical profession in Ireland. A statement made at the end of the first quarter of the first year of the journal pointed to a circulation of 1,000 copies per week.²⁸ This circulation subsequently increased and in the course of the nineteenth century the journal expanded in size, allowing for more space for advertisements. Although we cannot be prescriptive about how much the *DMP* reflected the opinions of Irish doctors, the journal's fastidious preoccupation with the anxieties of practitioners during this period suggests that the focus of this 'medical newspaper' was on protecting the interests of the medical profession. Professional competition, medical legislation, the role of medical men in state intervention on health provision for the poor, and the social position of the profession are the key themes in the pages of the *DMP* and clearly emphasized the desire of the journal to reflect the interests and aspirations of the medical profession in Ireland.²⁹

The introductory address of its first edition in 1839 asserted the journal's aims:

to diffuse useful knowledge, and to afford others an opportunity of doing so; to rouse the slumbering energies of the Irish practitioner; to preserve the respectability of the professional character; to instill honorable principles, and foster kind feelings in the breast of the student; and to protect the institutions of the country against the attacks of those interested in its destruction.³⁰

Unlike other medical publications, such as the *Dublin Journal of Medical Science*, founded in 1832, the *DMP* did not limit discussions to topics of scientific medicine but determined to try to advance the profession and expand the authority of its influence. Simultaneously, the *DMP* sought to aggrandize the public perception of doctors and the practice of medicine by establishing medicine as a highly specialized occupation, elitist in its selection process and exclusive in nature.³¹ The *DMP* reflected the desire of nineteenth-century established medicine to maintain control

²⁸ R. J. Rowlette, *The Medical Press and Circular 1839–1939: 100 Years in the Life of a Medical Journal* (1939), p. 12.

²⁹ J. Peel, 'Contraception and the medical profession', *Population Studies*, xviii (1964), 133–45, at p. 134.

³⁰ *DMP*, i (23 Jan. 1839), 3.

³¹ For more, see Daly, 'Dublin Medical Press', pp. 111–65.

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of contraceptive advice. It was scathing in its criticism of any attempt to encroach on what it designated as its domain. In particular, it attacked quack advertising for contraception in the popular press, which it referred to as ‘obscene advertising’. While *The Lancet* has been widely used in the interpretation of British medical history, the *DMP* (almost identical in its approach) has been largely overlooked. The journal serves as a qualitative review of the social changes in Irish society. In the same way as medical history is a useful lens through which social history can be examined, the *DMP* provides historians with an excellent basis from which to interpret the evolving position of the medical profession in Ireland.³²

The *Dublin Medical Press* reflected the anti-birth control viewpoint of the medical profession both in Ireland and in England, initiated perhaps by *The Lancet*’s scathing response to the ‘diabolical handbills’ of the 1820s that described a contraceptive sponge inserted vaginally. John Peel highlights *The Lancet*’s refusal to engage with contraceptive advice, and this mirrors the attitude of the *Dublin Medical Press*.³³ The journal, like *The Lancet*, reflected how doctors increasingly perceived themselves as authorities on emerging definitions of respectability. Editorial discussion in the *DMP* identified the profession in Ireland with a strong middle-class ethos which was at odds with a more radical ideology of fertility control.

Victorian values

The aftermath of the Famine saw the gradual economic and social elevation of the substantial farmer, whose distinction from the landlord class was less pronounced than in earlier times. Farmers were able to combine their land acquisitions to enable them to aspire to a new economic standing. The horrors of the Famine ensured that this class of wealthier farmers endured by stressing the need to expand and consolidate rather than to fragment their property. These individuals, the highest in the strata of tenant farmers, were in a position to encourage their sons to choose professional careers and to provide substantial dowries for their daughters. F. S. L. Lyons draws attention to the greater security of the Irish tenant farmer class in the late nineteenth century by pointing out that its proprietary rights were protected following the 1881 Land Act.³⁴ Middle-class discourse on what was respectable and moral was important to this social group as it struggled to define itself.

The emphasis on educational credentials and the conservative discourse of the medical profession, as documented in the *DMP*, found

³² References to the *DMP* are to editorials, unless otherwise stated.

³³ Peel, ‘Contraception’, p. 134.

³⁴ F. S. L. Lyons, *Ireland before the Famine* (1973), pp. 50–1.

a sympathetic ear with this emerging social class. The code of acceptable behaviour, as espoused and legitimated by the medical profession, had its origins in middle-class discourse. The *DMP* postulated in 1872 that: 'Women ... are characterised by warmheartedness, by love, gentleness, timidity, and a bearing which does not appertain to the other sex'.³⁵ The *DMP* promoted the ideal social characteristics of women, assuming nurturance and domesticity to have a biological basis in females. In 1888, an editorial in the journal stipulated that an ideal wife 'is almost always a peremptory domestic manager ... She is even better posted – or at any rate more dogmatic – than her husband on questions affecting children's diet and welfare'.³⁶ Increasingly, medical and biological arguments were offered to stress the importance of motherhood. A lecture by Professor A. R. Simpson, president of the Obstetrical Society of Edinburgh, printed in the *DMP* in 1892, suggests the importance placed on motherhood by the medical profession: 'the conjugal relations ... must always be kept in view by the gynaecologist in treating the diseases of women, in order to render them capable of their highest function of motherhood'.³⁷ The articles in the journal document the way in which the medical profession constructed set codes of feminine conduct, in line with conservative and middle-class thinking, and associated that conduct with social stability, public order and the proper functioning of society. In the *DMP*, Simpson warns of the dangers of avoiding motherhood:

A woman who by her celibacy, has deprived her organs of their special function, who has denied to her youth the pleasures of love, and the labours and joys of motherhood, has not therefore assured her old age against the dangers peculiar to it ... Love and motherhood, in the salutary conditions of marriage, far from exhausting vitality preserve and protect it in the present and in the future ...³⁸

As the nineteenth century advanced, the medical profession's interest in the workings of the female body developed. Increasingly, it believed that the functions of the female body – both physical and psychological – were inextricably linked to a woman's reproductive system, which had no parallel in male physiology. The medical profession in the nineteenth century perpetuated the belief that sex and reproduction were more fundamental to female nature than they were to that of men.

³⁵ *DMP*, lxvi (4 March 1872), 558.

³⁶ *DMP*, xcvi (25 Jan. 1888), 94.

³⁷ *DMP*, civ (30 March 1892), 309–10.

³⁸ *DMP*, civ (30 March 1892), 310.

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Contraception in context

Controlling fertility was not new to the nineteenth century. Writers as far back as Pliny the Elder and Aristotle discussed various methods of birth control. McLaren underlines the fact that attempts to control fertility have existed all through history.³⁹ By the nineteenth century, figures like Francis Place (1771–1854), an English working-class radical who believed that the problems of the poor were inextricably linked to the pressures of a large family, defined the need for fertility control in new ways.⁴⁰ The growing popularity of the so-called neo-Malthusians saw fertility control viewed as a means of solving social ills. In the nineteenth century, and particularly in the latter half, Malthusian and Darwinian thought was à la mode; the discourse centred on the degeneration of the species and the view that the idle and weakened lower orders would overrun the human race. With this backdrop of eugenics, the swarming masses of the poor and destitute were eyed with suspicion. Françoise Barret-Ducrocq points out: ‘In the moral symbolism of the nineteenth century foul air and evil blended together, impartially polluting bodies and souls’.⁴¹ The respectability of men and women of the lower classes was measured by a set of easily observed characteristics: temperance, cleanliness, piety, diligence and marital status. Essentially, middle-class values were promoted by medical men as important indicators of moral wholesomeness. In 1798, Reverend Thomas Malthus (1766–1834) published his *Essay on the Principles of Population*, which for the first time focused attention on the social consequences of fertility. His views radically challenged previous economic thought by dismissing the discourse that greater population led to greater prosperity. Malthus promulgated the radical idea that population placed a strain on resources and, consequently, that the lower orders needed to practise sexual restraint and avoid early marriages. Malthus, an aristocratic Anglican minister, never advocated contraception, but ‘neo-Malthusians’ interpreted Malthusian views on ‘moral restraint’ and ‘preventative checks’ as supportive of its use.

The nineteenth-century ‘neo-Malthusians’ revised the views of Malthus into an ideology of utilitarianism, in which poverty and hardship wrought by too many offspring could be avoided. Post-Famine Ireland attracted the attention of leading neo-Malthusians. Francis Place believed that pre-Famine Ireland was a stark example of the need to control population: ‘No one who will take the trouble to enquire will doubt, that Ireland has added greatly to its population in the last 100 years ... a doubling in that

³⁹ McLaren, *History of Contraception*, pp. 3–4.

⁴⁰ For more, see G. Wallas, *The Life of Francis Place, 1771–1854* (New York, 1951).

⁴¹ F. Barret-Ducrocq, *Love in the Time of Victoria: Sexuality and Desire among Working Class Men and Women in 19th Century London* (Paris, 1989), pp. 8–9.

country in less than half a century'.⁴² The legacy of the Famine was to have a devastating effect on population due to death, disease and emigration but the careful negotiation of land division and marriage in post-Famine Ireland was also to have far-reaching effects. Annie Besant (1833–91), herself a leading figure in the birth control movement in England, was horrified by the wretchedness of the Irish poor in 1882, describing the 'awful destitution' where 'the children are often nearly naked ... cabins from 12 feet by 15 feet ... yet all of them inhabited by large families'.⁴³ Thus, it seems plausible that the grounds for a discourse on population control existed in relation to Ireland in the nineteenth century. Fears of over-population, physical and moral degeneracy and the inextricable link to poverty gave the ideology of fertility control a new and more respectable impetus. Profusions of ragged children became increasingly associated with the lower classes. Marriage, for the tenant farmer, became inextricably linked to economic circumstance and was increasingly defined as a calculated business transaction, a negotiation of land and wealth. R. V. Comerford alludes to the 'unexampled ruthlessness and inflexibility' of the marriage contract in the second half of the nineteenth century.⁴⁴ In addition, marriage was no longer a certainty in nineteenth-century Ireland. Maria Luddy points to the striking demographic trends in Ireland in the post-Famine period. In 1871, for example, 43 per cent of all women between fifteen and forty-five were married; by 1911 that had dropped to 36 per cent.⁴⁵ With marriage happening later and, moreover, becoming more difficult to negotiate due to stringent economic criteria, it seems unlikely that a significant proportion of the population adopted a permanent state of celibacy. The proliferation of prostitution in the country,⁴⁶ coupled with the rise in venereal disease as evidenced by the enactment of the Contagious Diseases Acts⁴⁷ in the 1860s, points to a cohort of the population engaging in sexual relations outside marriage. The extensive advertisements for contraceptives and abortifacients in the popular press also support this hypothesis. In 1850, one advertisement in a popular newspaper offered 'Observations on Marriage with plain directions';⁴⁸ later in the century another claimed to 'quickly correct all

⁴² F. Place, *Illustrations and Proofs of the Principle of Population* (1822), p. 262.

⁴³ A. Besant, *Force No Remedy* (1882).

⁴⁴ R. V. Comerford, 'Ireland 1850–70: post-Famine and mid-Victorian', in *A New History of Ireland*, v: *Ireland under the Union*, ed. W. E. Vaughan (Oxford, 1989), i. 372–95, at p. 382.

⁴⁵ M. Luddy, *Women and Philanthropy in 19th-Century Ireland* (Cambridge, 1995), pp. 13–14.

⁴⁶ For more, see Luddy, *Prostitution*.

⁴⁷ Act for the Prevention of Contagious Diseases at Certain Naval Military Stations, 27 and 28 Vict., c. 85; Act for Better Prevention of Contagious Diseases, 29 and 30 Vict., c. 96.

⁴⁸ *Dublin Evening Post*, 27 June 1850.

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irregularities so prevalent with the female sex’.⁴⁹ Though euphemistically worded, the purpose of the advertisements was clear. As noted already, the research of Walsh and Ó Gráda also points to the probability that certain sections of the urban middle classes, and eventually the lower classes, were, to some degree, controlling their fertility.⁵⁰ Given this albeit disparate evidence, it might be tentatively suggested that the concept and means of family limitation existed in nineteenth-century Ireland.

Opposition to contraception

The rationalization of traditional roles through the use of physiological arguments was incorporated into a popular medical book towards the end of the century. Cassell’s *People’s Physician: a Book of Medicine and Health for Everybody* was one of the few publications on popular medicine that was approved by the *DMP*.⁵¹ Childless women, the authors warned, were subject to a plethora of illnesses that were exclusive to their sex. These could include: ‘signs of nervous disturbance ... hysteria, dyspepsia, wasting and general ill health’.⁵² The publication went further by branding women who practised birth control as selfish and uncaring, the very antithesis of the female ideal:

The reason usually given by those who adopt these practices is that their means are insufficient to support a family, and yet many of them are persons of the independent or well to do classes. The real truth is that, if they had children they would have to do without some luxuries, curtail their pleasures and amusements and attend more to household duties.⁵³

The woman who attempted to control her fertility contradicted the nurturing and domestic qualities believed to be an integral part of the biological makeup of the female. To define the practice of family limitation as an aberration of the norm was to maintain the principle of female domesticity and the centrality of the family. Thomas More Madden, obstetrician in the Mater Hospital, echoed the significance of the maternal role:

In this country at least, the infamous doctrines of the modern disciples of the Malthusian school of philosophy have fortunately, to no appreciable extent

⁴⁹ *Dublin Evening Mail*, 18 Dec. 1885.

⁵⁰ Ó Gráda and Duffy, ‘Fertility control’, pp. 424–5.

⁵¹ The *DMP* had this to say about Cassell’s work: ‘One of the best of these manuals on domestic medicine was long since published by Messrs. Cassell, entitled *The family physician* ... It is well done and on the whole is fairly reliable’ (see *DMP*, lxxx (31 March 1880), 269).

⁵² Cassell, *People’s Physician: a Book of Medicine and of Health for Everybody*, v (1880), 213.

⁵³ Cassell, *People’s Physician*, v. 213–14.

displaced the Christian view of the main function and chief end of woman's married life.⁵⁴

Madden emphasized the propensity of female fecundity 'to intimately effect ... social interests and the happiness of conjugal life'.⁵⁵ Essentially, fertility within marriage was a clearly identified and accepted social norm and linked to the proper functioning and well-being of society at large.

The *DMP* also looked to physiology in order to emphasize the centrality of the female reproductive role. In 1892, Professor Simpson of the Obstetrical Society of Edinburgh asserted in the journal:

The woman who has become impregnated within the physiological limit is surrounded with all the guarantees for health and safety. She has a nervous system that is calm, or subject only to the exhilaration of anticipated joy, her circulation goes on steadily, or is healthfully stimulated at times to more activity.⁵⁶

Simpson's prognosis for the woman who does not reproduce was substantially less exhilarating. He warned of 'nervous depression', 'circulatory disturbances' and indeed 'frequent contradiction of the ordinary conditions of health'.⁵⁷ The idea of birth control being injurious to health was limited to women in the *DMP*. In 1877, the journal presented male sexuality as centrally important and suggested that 'continence' (abstinence) would be injurious to the health of a man:

Continence cannot in some cases be long persevered in without injuring the health ... And if it is difficult to observe in the un-married state, it is still more impracticable in the case of those that are married. For as the natural impulse and temptation to gratify the passions are much stronger in married men than those who have resolved to say single, so would continence be a far greater tax upon the moral courage as well as upon the health of the individual.⁵⁸

The promotion of the male sex drive as assertive, charged and, ultimately, impossible to ignore points to the implicit belief that a woman should not attempt to control her fertility by abstinence.

A significant proportion of the *DMP* was devoted to castigation of unlicensed medical practitioners or quacks. The level of overcrowding in the medical profession, in which competition for jobs was intense, might

⁵⁴ T. M. Madden, *The Treatment of Sterility and Obstructive Dysmenorrhoea* (Dublin, 1888), pp. 10–11.

⁵⁵ Madden, *Treatment of Sterility*, p. 11.

⁵⁶ *DMP*, civ (30 March 1892), 311.

⁵⁷ *DMP*, civ (30 March 1892), 311.

⁵⁸ *DMP*, lxxiv (27 June 1877), 513.

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explain the intensity of the antagonism. *The Lancet* in 1889 warned of the precarious position of the practitioner: ‘There is no disguising the fact that the medical profession is overcrowded, and becoming more so every day ... To the practice of medicine there is no limit of numbers ... Pleasant practices and remunerative practices daily become harder and harder to keep’.⁵⁹ The failure of the 1858 Medical Act to outlaw unlicensed practitioners had further exacerbated the problem. With regard to contraceptive advice, doctors generally, and the *DMP* specifically, distanced themselves from any discussion of the topic. Nonetheless, the profession was scathing in its criticism of any attempt to encroach on what it designated as its domain. *The Lancet* denounced any discussion on contraception as ‘a sin against physiology’.⁶⁰ There were notable exceptions, the most well known being Dr. George Drysdale (1825–1904), a leading Malthusian, who published *The Elements of Social Science or Physical, Sexual and Natural Religion* in 1873, which boldly asserted that:

reproduction had been and still is, viewed as a mysterious and incomprehensible subject, with which none but scientific men should have to do; and feelings of sexual bashfulness and disgust have restrained the generality of mankind from acquiring a knowledge of these organs and their laws.⁶¹

However, despite this spirited introduction, Drysdale adopted the pseudonym ‘A Medical Doctor’, suggesting his concern for his reputation, professional or otherwise. Meanwhile, quacks or irregular practitioners shrewdly thronged the contraceptive void created by the established medical profession.

The *DMP*, whose very origins were built on the premise of the importance of professional qualification, responded with predictable outrage to the practices of the quacks. As early as 1843, the journal provided a moral response to an advertisement in a Dublin newspaper for a pamphlet entitled ‘Observations of Marriage’ that in fact offered advice on contraceptive techniques such as withdrawals and spermicidal pessaries: ‘Has a sense of morality and delicate feeling fled from the heart and taken refuge in the lips, or is it all that we hear and witness these times, mere profession, that such a source of moral pollution is overlooked?’ The editorial bemoaned the distribution of such information to the general public: ‘Everyone nowadays knows everything, and above all things the enlightened public are thoroughly versed in medical science ... the fate of the most eminent

⁵⁹ *The Lancet* (7 Sept. 1889), 478.

⁶⁰ *The Lancet* (29 Feb. 1886), 212.

⁶¹ G. Drysdale, *The Elements of Social Science or Physical, Sexual and Natural Religion* (1873), pp. 53–4.

practitioners hangs upon the lisplings of pretty misses and the small talk of their youthful admirers'.⁶² The *DMP* was effectively caught in a paradox of jealously guarding and monopolizing medical knowledge while, conversely, refusing to discuss the issue of contraception in a consumer society that clearly demanded it. The medical profession's unwillingness to confront the need of the public for information and treatment in the area of sexual health and its fury at quacks filling the void continued throughout the nineteenth century. Thus, clear lines of distinction were being drawn; the medical rejection of contraception was inextricably linked to the struggle for professional and social status and indicated the concern of the profession that it might be identified with the uneducated and underprivileged.

A pamphlet with the innocuous title *The Complete Herbalist* was published in 1868 by American herbalist Oliver Phelps Brown. Its subtitle was *The People their own Physician*, and among the remedies and drawings of a multitude of herbs there was advice on 'Regulation of the Passions' or contraception. The *DMP* was alerted to an advertisement looking for 1,000 agents to sell the publication, with a promised salary of £30 a month and 'a premium worth half a guinea given to Lady canvassars'. Interestingly, the advertisement suggests that the pamphlet was popular and that there was a demand for contraceptive advice in Ireland at this time. The *DMP* responded with characteristic moral outrage to the advertisement, describing it as:

a disgustingly indecent trap for the unwary and the prurient – a vade mecum of all the beastly immoralities ... We would not be understood if we refrained from printing a few of the headlines. We are told of the contents of the book that – 'It gives all the marriage customs' ... 'It gives a view of the inner life between husband and wife' ... 'It teaches how to prevent conception' ... 'It teaches how to prevent conception in justifiable cases' ... We blush for the necessity which obliges us to transfer such obscenity to our columns.⁶³

Such condemnation illustrates the *DMP's* rejection not merely of quack advertising, but of any information regarding the limitation of fertility, including contraceptive advice to married couples. The journal's objection was clearly not just on moral grounds. In a highly competitive medical market place, the journal reflected the profession's anxiety concerning the employment of unlicensed practitioners, particularly by paying customers among the middle and upper classes. The *DMP* notes ruefully that 'a superior drawing-room edition' of *The Complete Herbalist* was widely available to families, intimating that contraception was a somehow acceptable subject among 'respectable' society. Once associated with prostitutes, contraception

⁶² *DMP*, ix (5 Apr. 1843), 222–3.

⁶³ *DMP*, lxx (24 Feb. 1875), 166

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and the control of fertility, while hardly a favoured ‘drawing-room’ topic, was certainly more widely discussed by the last decades of the nineteenth century. The *DMP* appeared as exasperated that fertility control was being monopolized by quacks as it was about the moral implications.

Increasingly, too, the journal asserted the scientific expertise and qualifications of the licensed profession as a means of disparaging quack practitioners. The upholding of the scientific credentials of the medical profession can be detected in December 1864. The *DMP* printed a review of a pamphlet entitled *Marriage and Reproduction* and asked ‘what of moral tendency that might come of a treatise on the subject in its attempt to discuss in unscientific language the physiological relations of the sexes?’⁶⁴ Caught between morality and exclusion, the *DMP* struggled to maintain an air of deference towards birth control. Nonetheless, the journal jealously guarded medical interests when unqualified practice attempted to fill the void. The *DMP* insisted that neither the medical profession nor the community in general would benefit from the circulation of a pamphlet such as *Marriage and Reproduction*: its only appeal would be to those with ‘the vulgar immoral senses, without the attraction of fine language or scientific diction’.⁶⁵ The medical rejection of contraception was thus inextricably tied to the struggle for professional and social status.

The *DMP*’s repudiation of contraception did not translate into a professional boycott of information regarding birth control. On the contrary, the journal waged a war on quack advertising of contraception, defining itself as the indefatigable guardian of public morality. The interpretation of contraceptive information as ‘obscene’ and immoral by the *DMP* is indicative of the medical profession’s attitude towards birth control in general. Artificially to control the number of children in a family was effectively to contradict the traditional reproductive role so inherent in the socially accepted norms of femininity. Thus the *DMP* began a mission of naming and shaming local newspapers in Ireland that carried any ‘indecent’ advertisements in a drive to ‘purify’ the press that mirrored *The Lancet*’s reaction to the ‘abominable bills’. In 1845, the *DMP* calculated ‘that on average, three advertisements per diem appear in each of the seven daily papers; this makes twenty one per day, or one hundred and twenty six per week’.⁶⁶ Such popular press advertisements on contraceptives (‘Marriage, its Disabilities and Obligations’), intermingled with cures for venereal disease and impotence, confirmed to the *DMP* the need for moral censure: ‘the grossest of our animal passions are thrust before

⁶⁴ *DMP*, xii (7 Dec. 1864), 573.

⁶⁵ *DMP*, xii (7 Dec. 1864), 573.

⁶⁶ *DMP*, xiv (27 Dec. 1845), 366–7.

the pure and the impure alike, irrespective of either age or sex. It is impossible that the continued exposure of such things to the curiosity of young people can be without baleful effect'.⁶⁷ The journal, armed with arguments of middle-class morality, declared war on quack advertising of birth control. The journal warned: 'Let every father cast an eye over the newspapers and carefully guard against all which contain obscene advertisements'.⁶⁸ In 1865, the *DMP* listed the names of Irish popular press publications, such as the *Dublin Evening Mail*, the *Dublin Evening Post*, the *Freeman's Journal* and the *Irish Times*, that it accused of being 'stained with obscenities', in the hope that their owners would respond to such public criticism by a leading medical journal and withdraw the advertisements. An editorial stated: 'We appeal to our brethren of the press, whether they do not, each and every one, more than suspect that these advertisements are swindling traps for the moral ruin of their readers, and will henceforth lend their columns for so vile a purpose?' The *DMP*'s confidence in its own moral standing in the domain of the Irish press is indicative of how it viewed its expanding role and authority within society. The journal also referred 'with pleasure' to two publications that had 'inaugurated the reform' – the *Drogheda Argus* and the *Bray Gazette* – and promised similar commendation to those newspapers that followed suit.⁶⁹

By April 1865, the *DMP* announced its delight at the success of the campaign to 'purify the press' when the *Commercial Journal* excluded contraceptive advertisements despite 'considerable loss of income'. The *DMP*, in a congratulatory vein, asserted that 'purging its columns of these filthy and wicked baits for the health and happiness of its readers, has really incurred a sacrifice that deserves gratitude and, we may add, the support of the profession'. The editorial continued by urging the readers of the *DMP* to 'endeavor to ensure that the journal shall not lose by its self-sacrificing amendment'.⁷⁰ This drive for censure of contraceptive information in the public press by the *DMP* is indicative of its self-confidence, believing that the journal alone could mount a formidable campaign against widespread advertising. It was also a testament to the arrogance of a profession which increasingly defined its role as the guardian of public morality.

The neo-Malthusian movement

McAvoy's study in this volume indicates the opposition of the Catholic Church to 'neo-Malthusian birth control', but by the end of the nineteenth century, the limitation of family was becoming less of a taboo subject

⁶⁷ *DMP*, xiv (27 Dec. 1845), 368.

⁶⁸ *DMP*, ix (5 Apr. 1843), 223.

⁶⁹ *DMP*, xiv (8 March 1865), 235–6.

⁷⁰ *DMP*, xiv (5 Apr. 1865), 333.

in medical circles. The *DMP* offered many justifications regarding its opposition to contraception, many of them inextricably intertwined with notions of respectability and morality. However, by the final quarter of the century, the clamour of middle-class radicals re-interpreting the writings of Thomas Malthus on the dangers of population growth to suit their ideology of birth control could no longer be ignored by the journal. New arguments were clearly needed to repudiate the neo-Malthusian beliefs. Citing biological arguments or professional credentials as justification for its lack of support for contraception could not be used by the *DMP* in relation to neo-Malthusians, many of whom were respectable professional men. The interest in controlling population was based on scientific and rational ideology rather than on quack endeavours. It, therefore, posed a problem for the *DMP*’s crusade against contraception that was ostensibly centred on the premise of ignorant immorality. Thomas Haslam (1825–1917), an Irish enthusiast of the ideals of the neo-Malthusians, also stressed the desirability of fertility limitation in Irish society in his 1868 pamphlet *The Marriage Problem*.⁷¹ The problem of how to respond to such arguments was manifest in the unprecedented publicity for the birth control movement generated by the trial of Bradlaugh and Besant in England in 1877.

Charles Bradlaugh (1833–91) and Annie Besant, leading advocates of birth control, published a pamphlet on contraception by Charles Knowlton, a relatively unknown American doctor. Knowlton’s pamphlet, *The Fruits of Philosophy*, recommended the withdrawal method and the douche or ‘female syringe’ of homemade spermicide, methods that were certainly not new but suddenly thrust into the public domain by charges of indecency brought against the publishers in 1877. In that year, the *DMP* referred to the pamphlet as ‘obscene and immoral’ and was particularly critical of its ‘deceptive title’. The difficulty that the journal now faced was unlike that posed by *The Complete Herbalist* because Knowlton’s pamphlet was written by a member of the medical profession, in a decade in which respectable voices were expressing concerns about demographic trends. Thus, rather than dismiss Knowlton’s work as obscene, the journal emphasized that the pamphlet’s immorality depended on who was reading it: ‘But the obscenity or not of a book much depends upon the class of readers for whom it is written. What would not be obscene to a medical doctor or a student of physiology, would undoubtedly be obscene to the youth who read it to gratify prurient curiosity’. The contents of *The Fruits of Philosophy* were no

⁷¹ Thomas Haslam and his wife Anna’s involvement in the birth control movement in Ireland has been examined in Carmel Quinlan’s excellent work *Genteel Revolutionaries: Anna and Thomas Haslam and the Irish Woman’s Movement* (Cork, 2002).

longer described as unfit for publication in a medical journal, but rather, its contraceptive advice was deemed appropriate for medical men only. The *DMP* attested to its belief that ‘the intentions of the publishers were good’ but it was uncomfortable with how the pamphlet was distributed and to which sections of society. Besant and Bradlaugh were not doctors and so, despite their good intentions, had, according to the *DMP*, no business handing out birth control advice to the population. ‘The obscenity of the book therefore lay in the fact that it had no pretensions to be a scientific work, and that all the anatomical and physiological details were written to acquaint the masses with certain facts.’⁷² The *DMP* had effectively backtracked, returning to its exclusionary tactics by which medical knowledge was considered the realm and responsibility of a scientific and expert profession and, thus, abandoned its earlier view that contraception was a subject to be shunned.

Conclusion

Until recently, historians were broadly in agreement that Ireland did not participate in any meaningful way in the ‘fertility transition’ of western Europe in the second half of the nineteenth century. The reality, however, was that there were many economic and cultural reasons why Irish men and women might wish to control their fertility. The *Dublin Medical Press*’s opposition to quack dissemination of contraceptive methodology was in part a reflection of a wider professional anxiety to maintain respectability by adhering to a middle-class code of behaviour that idealized the family and, in part, an imputation of professional rivalry in a crowded medical market place. Neo-Malthusians, despite being representative of a radical minority, hailed, in the most part, from the same social class as the readership of the journal. The contributors to the *DMP* needed to change direction, albeit hesitantly, absorbing the anxieties of over-population expressed by their readers and promoting new methods of population control, namely late marriages and abstinence. Meanwhile, the popular press, unhampered by the moral considerations of the *DMP*, continued unabated, advertising contraceptive advice to a receptive Irish audience.

⁷² *DMP*, lxxiv (27 June 1877), 512.

2. 'Its effect on public morality is vicious in the extreme': defining birth control as obscene and unethical, 1926–32*

Sandra McAvoy

The arguments used by members of the Dublin medical profession during the nineteenth century, relating contraception to obscenity and quack advertising, were repeated by Irish anti-birth controllers in the years after Irish independence in 1922. Historians are gradually uncovering the layers of lobbying and political manoeuvring that resulted in both censorship of printed matter advocating birth control, under the Irish 1929 Censorship of Publications Act, and a prohibition on the import and sale of contraceptives, under the 1935 Criminal Law Amendment Act. This chapter focuses on two developments in which lay groups identified and seized opportunities to influence policy. First, it considers the targeting of the 1926 Committee on Evil Literature by Catholic social movement activists determined to strengthen definitions of birth control information as 'obscene', and to show that access to such material in Ireland was widespread enough to constitute a threat to the social order. Second, it traces steps taken within the Pharmaceutical Society of Ireland, in 1931, to have the sale of contraceptives declared unethical, a development that presented the Roman Catholic hierarchy with an opportunity to recommence lobbying on this matter in 1932. They are both examples of how, by seizing the initiative, a small number of individuals may have prepared the ground for censorship and a prohibition on sales of contraceptives.

Historians have opened up a number of perspectives on the contexts within which birth control was considered in Ireland. Dermot Keogh detailed the influence of the Roman Catholic hierarchy on ministerial decisions, and brought into focus the Carrigan Committee's unpublished 1931 recommendations on sexual crime, prostitution, unmarried mothers and restricting access to contraceptives. He also identified statements made in 1933 by Sean T. O'Kelly, vice-president of the Executive Council,¹

* *Report of the Committee on Evil Literature* (Dublin, 1926), p. 15.

¹ The Executive Council was the Irish Cabinet.

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implying that Fianna Fáil government policy would be guided by the anti-birth control principles of the Catholic Action movement.² Chrystel Hug’s work on the church and moral order highlighted the influence on government policy of ‘a concern for the notion of social order, not surprisingly in a recently founded state, and one whose ideology was based on Catholic concepts’.³

Lindsey Earner-Byrne’s analysis of Irish maternity policy and maternal and child welfare provision provides a sense of the price paid by women as a result of successive governments’ determination that contraception was a moral rather than a women’s health issue. For example, she identifies an alliance, formed in the early 1930s, between the Roman Catholic hierarchy and those involved in a Catholic medical organization, the Irish Guild of SS Luke, Cosmas and Damian (which was active in lobbying against contraception), a partnership that impacted on government policy in a period when ‘the Roman Catholic Church regarded maternal and child welfare as a crucial issue to control in the face of either other religious or non-denominational groups or state encroachment’.⁴ Diarmaid Ferriter refers to the influence of lay organizations on censorship policy which involved ‘the interaction between Church, state and the power (often resented) of social reform movements and lobby groups’.⁵ Ferriter’s work discusses contemporary concerns about sexual crime, venereal disease and prostitution at a time when state-commissioned reports, to which lobbyists on moral issues contributed, implied that the underpinnings of social order in Ireland were weak. While there is a tendency to compare Irish policy with developments in Britain, Ferriter also places the 1935 ban on contraceptives in an international context in which, for example, concern about population decline influenced pro-natalist policies in France and Italy.⁶

Maurice Curtis’s study of militant Catholicism in Ireland points to the similarity of the pronouncements of Irish bishops on contraception in the 1920s and those of their German, Austrian, Belgian and French counterparts: ‘When the French Bishops spoke of the criminal freedom of contraception, the Irish Bishops spoke of the “unutterable crime”’.⁷

² D. Keogh, *The Vatican, the Bishops and Irish Politics, 1919–39* (Cambridge, 1986).

³ C. Hug, *The Politics of Sexual Morality in Ireland* (Basingstoke and New York, 1999), p. 1.

⁴ L. Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60* (Manchester, 2007), pp. 39–51, at pp. 43, 51.

⁵ D. Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (2009), p. 186. Ferriter’s work is also particularly useful on the moves towards legalizing contraception in the 1970s.

⁶ Ferriter, *Occasions of Sin*, pp. 191–3.

⁷ M. Curtis, *A Challenge to Democracy: Militant Catholicism in Modern Ireland* (Dublin, 2010), p. 63.

An identification of contraception with criminality must have been a powerful message to the faithful, but construing birth control in this light also reflected the belief of moral purity campaigners that fear of pregnancy was the most important restraint on sexual activity, outside as well as within marriage, and that its removal would open the floodgates to socio-moral problems greater than those already associated with sexual crime and prostitution. Curtis highlights the extent to which lay organizations, as well as the Roman Catholic clergy, were exercised by their perception that such problems had already increased, particularly with the emancipation of women who flaunted flesh-revealing fashions, made un-chaperoned forays into public spaces such as the cinema, theatre and dance hall, and might be corrupted by ‘indecent’ films, books and a knowledge of sex and contraception culled from birth control literature and sex manuals. Curtis’s work provides new insights into the activities of a range of lay organizations, including the Catholic Truth Society of Ireland, which played a key role in the introduction and maintenance of censorship.

As Deana Heath’s work on moral regulation demonstrates, however, similar concerns about birth control literature had exercised the state, vigilance networks and moral reform societies in Britain, India and Australia in the nineteenth as well as the twentieth centuries and were often expressed in parallel with concerns about prostitution and sexual crime, as in Ireland in the 1920s. For more than a century the position of such societies had been that those ‘incapable of self-control’, children, women, the working classes and young middle-class men, should be protected from access to materials considered morally or physically corrupting.⁸ Heath considers the measures by which the access of these groups to ‘obscene’ materials, including birth control advertising, sexology texts and contraceptive devices, was controlled in Britain and its colonies, including the British 1857 Obscene Publications Act, still in force in Ireland after independence in 1922. As she points out, however, by the end of the nineteenth century a multiplicity of additional concerns influenced British discourse on maternity:

Reproductive bodies also assumed greater significance as the century drew to a close and population became construed as a national resource. Evidence of a declining birth rate, rising infant mortality rate and a dramatic drop in family size fostered eugenic conceptions of motherhood as a national duty ...⁹

⁸ D. Heath, *Purifying Empire: Obscenity and the Politics of Moral Regulation in Britain, India and Australia* (Cambridge, 2010), p. 51.

⁹ Heath, *Purifying Empire*, p. 83.

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Heath also quotes British Home Office concern in 1895 that ‘all newspapers bought by the common people teem’ with advertisements for contraceptives and abortifacients.¹⁰ Some at least of these must have circulated in Ireland. Like Ann Daly’s chapter in this book, Heath’s work makes it clear that there was nothing new, or peculiarly Irish, in the arguments made in Ireland in the 1920s linking birth control with obscenity, degeneracy or shirking the duties of marriage.

There is little evidence of pro-birth control Irish medical discourse during the 1920s, however I have written elsewhere about three individual sources that illustrate the existence of at least three differing positions: experience of patients who practised birth control, with acceptance that it improved their lives and that there might be valid social and economic reasons for its use; rejection of social and economic arguments and anxiety about possible health implications of long-term use of contraceptives as the medical profession began to address what had been a commercial trade; condemnation of all forms of birth control, and anxiety that access to contraception would unleash moral disorder. Reflecting the first position, in 1921, Gibbon FitzGibbon, master of the Rotunda Hospital, wrote in the letters column of the *British Medical Journal* that many middle-class patients practised family limitation. Suggesting that parents with two or three children might comfortably provide for a family’s needs and education, he spoke of the constant anxiety about further pregnancies suffered by those who could not afford to have another child and the deprivation experienced by poorer families unable to limit their fertility.¹¹

By contrast, a 1923 contribution by University College Cork professor of obstetrics and gynaecology Henry Corby to British medical journal *The Practitioner* indicated reluctant approval of safe period fertility control in cases where a woman’s health was in danger, but condemned other methods. He suggested that ‘husbands’ who practised birth control did so ‘through selfish and cowardly motives’, did not want to give up ‘luxuries’ and forgot ‘the luxury of having healthy children romping around’. He reflected anxiety within the profession about the effects of birth control on the nervous system when he wrote: ‘If the advocates of these self-limiting practices are successful in making them at all widespread, the land will be encumbered by a weakly, degenerated race of neurasthenics

¹⁰ Heath, *Purifying Empire*, p. 72.

¹¹ Letter signed Gibbon FitzGibbon, MD, Rotunda Hospital, Dublin in *British Medical Journal*, 27 Aug. 1921, p. 338. For fuller discussion of these medical views, see S. McAvoy, “A perpetual nightmare”. Women, fertility control and the Irish State: the 1935 ban on contraceptives’, in *Gender and Medicine in Ireland: 1700–1950*, ed. M. H. Preston and M. Ó hÓgartaigh (New York, forthcoming, 2012).

and hypochondriacs'.¹² Louis Cassidy, master of the Coombe Maternity Hospital, was one of the signatories of the CTSI's submission to the 1926 Evil Literature Committee. Reflecting, as one might expect, the language and anti-sex position of the social morality movement, the submission emphasized that marriage involved a contractual arrangement to beget children and portrayed contraception as a threat to the moral order. It drew on the work of opponents of birth control, particularly on a Dublin lecture by Irish-born Dominican priest Fr. Vincent McNabb, to condemn 'neo-Malthusian' birth control methods as a moral evil, 'a very deliberate and shameless form of mutual masturbation', sinful outside marriage and more so within it. Raising the spectre of 'lust-un-control' and erotic-mania, it emphasized that the only acceptable methods of birth control involved 'conjugal and virginal chastity' and suggested that one social contribution of large families was a 'subtle training in sexual restraint' with the likelihood that sexual relations between parents would 'cease to be central and become peripheral'.¹³ Such a view of marriage could hardly have been further from the promises of intimacy, sexual knowledge and freedom from anxiety purveyed in sex manuals and in the works of birth control advocates such as Marie Stopes, which were available in Ireland, at least by mail order.¹⁴ It is important, however, to remember that, in this period, such arguments reflected the official position not only of the Roman Catholic Church but of the major Christian churches.

Concern about the inadequacy of legislation

The British common law rule used to assess whether material was obscene was established in 1868 and involved judging whether its 'tendency ... is to deprave and corrupt those whose minds are open to such immoral influences and into whose hands a publication of this sort may fall'.¹⁵ By the 1920s, birth control was increasingly accepted in Britain and, if Gibbon FitzGibbon's impression was accurate, in some circles in Ireland too. In 1926, British attitudes had practical implications for Ireland. The Irish Free State had inherited a body of British nineteenth- and early twentieth-century legislation designed to prevent the import, sale or distribution of

¹² H. Corby, 'Birth control and the economy', *The Practitioner* (1923), pp. 62–73, at pp. 68, 73.

¹³ NAI, Department of Justice (D/JUS) 7/1/2, *The Problem of Undesirable Printed Matter. Suggested Remedies. Evidence of the Catholic Truth Society of Ireland Presented to the Departmental Committee of Enquiry, 1926* (Dublin, 1926), pp. 8, 9, 13.

¹⁴ See, e.g., letters to Stopes from Irish readers in the Wellcome Library, Marie Carmichael Stopes Collection, PP/MCS, ML series.

¹⁵ Heath, *Purifying Empire*, p. 51.

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‘indecent’ or ‘obscene’ objects or printed matter.¹⁶ Successful prosecutions, however, depended on judges’ interpretations of the terms ‘obscene’ and ‘indecent’; something related to contemporary mores. By the mid 1920s, it was recognized that in Britain prosecutions involving the publication of contraceptive literature, or advertising, or sending contraceptives through the post, were unlikely to succeed because magistrates and judges could no longer be relied upon to find such items offensive.¹⁷ British interpretations of shared laws formed precedents for Irish purposes. The erosion of British legal barriers to the dissemination of birth control literature may also have opened the Irish market. But, though a Dublin medical hall was prosecuted in 1920 for advertising birth control pamphlets, even in a city with a military presence and history of prostitution, there is little evidence of concern about access to contraception before the mid 1920s, perhaps because there was no forum in which to raise the issue.¹⁸ By 1926, however, witnesses to the Committee on Evil Literature complained that inherited legislation was rendered ineffective by the courts’ ‘narrow technical’ interpretation of the terms ‘indecent and obscene’,¹⁹ while a submission from the Department of Posts and Telegraphs indicated that the last Irish prosecutions, under the 1884 Post Office Protection Act, for sending contraceptives through the post had been in 1908 and that the British Post Office had long ceased to regard such items as indecent.²⁰ Anti-birth control witnesses at the Committee on Evil Literature were, in essence, seeking a return to the regulation and legal certainties of the previous century.

Committee on Evil Literature

In 1923, during a period of international concern, particularly within the British empire, that the trade in ‘obscene’ publications had grown in the aftermath of the First World War, Ireland signed up to the International Convention for the Suppression of the Circulation and Traffic in Obscene

¹⁶ Obscene Publications Act (1857); Indecent Advertisements Act (1889); Dublin Police Act (1842); Towns Improvement (Ireland) Act (1854); Post Office Act (1908); Customs Consolidation Act (1876) (summarized in *Report of the Committee on Evil Literature*, p. 6).

¹⁷ One exception was a controversial 1923 prosecution in which an English magistrate ordered the burning of Margaret Sanger’s *Family Limitation*.

¹⁸ NAI, D/JUS 7/2/11, Committee on Evil Literature papers, return headed ‘Prosecutions under Obscene Publications Act 1857’, with 17 May 1926 confidential note from the Garda Commissioner’s Office.

¹⁹ *Report of the Committee on Evil Literature*, p. 5.

²⁰ NAI, D/JUS 7/2/17, submission from the secretary to the Department of Posts and Telegraphs, 10 May 1926; NAI, D/JUS H247/41D, prosecutions noted in legal advice to the Geoghegan Committee, 1908.

Publications.²¹ Signatories were required to examine the adequacy of their national legislation on printed matter. Curtis identifies how CTSI lobbyists, who had fixed on censorship as a means of ‘rejection of materialist, pagan, Anglo Saxon and un-Irish values’,²² exerted pressure on ministers to ensure that this issue was promptly addressed.²³ Established as a Department of Justice enquiry on printed matter in 1926, what became the Evil Literature Committee was asked to consider ‘whether it is necessary or advisable in the interest of the public morality to extend the existing powers of the state to prohibit or restrict the sale and circulation of printed matter’. The committee would also consider the adequacy of the legal definitions of ‘obscene’ and ‘indecent’.²⁴ It was an all-male committee, summed up by Irish feminist Lucy Kingston as a ‘priestly and professorial’ gathering.²⁵ Two of its members were Protestants, Professor W. E. Thrift, TD, of Trinity College, Dublin and the Revd. T. Sinclair Stevenson, a Church of Ireland clergyman. Three were Catholic, Robert Donovan, professor of English literature at University College, Dublin, the Revd. James Dempsey, parish priest of Clontarf, Dublin and Thomas. J. O’Connell, TD, of the Irish National Teachers’ Organisation.

The committee was required to consider a wide range of publications and ephemera. For example, the CTSI’s concerns included sales of pornographic prints and ‘certain postcards’; the fact that, in 1925, ‘White Cargo’, a play based on a book banned under the 1876 Customs Consolidation Act, was performed at the Gaiety Theatre, Dublin; and the ready availability of what the society considered novels of ‘obviously immoral intent’. It also raised questions about newspapers and magazines that featured crime and divorce stories and ‘tales of sexual passion’, publications containing ‘smutty’ jokes and ‘immorally suggestive pictures, photographs, reproductions and representations’.²⁶ Nevertheless, approximately a fifth of the committee’s twenty-page report focused on the potential socio-moral problems resulting from access to birth control ‘propaganda’.

One reason for this may have been the effectiveness of Catholic social activist Fr. R. S. Devane in orchestrating an anti-birth control lobby.²⁷ Another may have been the social standing, as much as the numbers, of

²¹ On international concerns see Heath, *Purifying Empire*, pp. 90–1.

²² Curtis, *Challenge to Democracy*, p. 81.

²³ Curtis, *Challenge to Democracy*, pp. 86–8.

²⁴ *Report of the Committee on Evil Literature*, pp. 3, 5.

²⁵ L. Kingston, ‘Irish women and the elections’, *Women’s Leader*, 7 Oct. 1927, p. 280 (this two-column article concludes on an earlier page, p. 278). Kingston and her husband practised birth control. This article reveals her fears regarding how the Oireachtas, uninfluenced by women’s concerns, would deal with the issue of birth control literature.

²⁶ *The Problem of Undesirable Printed Matter*, pp. 3–5.

²⁷ NAI, D/JUS 7/1/1, letter from Devane to the Revd. James Dempsey, 21 Apr. 1926.

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opponents of birth control who gave evidence to the committee: the CTSI authors, named on the cover page of their submission, included future minister for justice James Geoghegan, as well as Louis Cassidy, the master of the Coombe Maternity Hospital.²⁸ Organizations calling on the Evil Literature Committee to recommend a prohibition on, or censorship of, birth control literature included the Catholic Headmasters’ Association, An Garda Síochána, the Irish Christian Brothers, the Irish National Teachers’ Association and the Irish Retail Newsagents, Booksellers and Stationers Association, as well as the Irish Vigilance Association and Marian Sodalities of Ireland.²⁹ That committee members already shared the concerns of some lobbyists was suggested in an exchange between the chair, Professor Robert O’Donovan, and Fr. Devane in June 1926, when the latter was assured that the committee was ‘largely in agreement’ with his views.³⁰

The evidence to the committee repeated familiar issues of concern. These included the ready availability – by implication to those in whose hands it was dangerous – of birth control ‘propaganda’ pamphlets through advertisements placed by British chemists in imported newspapers. The CTSI submission did note that the *Daily Herald* (associated with the Labour movement and costing one penny) was the only daily imported newspaper consistently to promote contraception and sterilization.³¹ It suggested, however, that advertisements for contraceptive suppliers appeared regularly in weekly and monthly magazines including: *Health and Strength*, *Health and Efficiency*, the *Sunday News*, *John Bull*, *Reynold’s Illustrated News*, the *Sporting Times*, *Cinema Star*, *Photo Bits*, *Illustrated Police News*, *World Pictorial News* and *Moore’s Almanac*.³² Marian Sodalities representative the Revd. Thomas S. Ryan complained that when he bought ‘two weeks’ issues of eleven [unnamed] Sunday papers’, before giving evidence, five carried birth control advertisements and five others carried ‘advertisements from the same firms but only indirectly relating to birth control’.³³ The evidence of

²⁸ *The Problem of Undesirable Printed Matter*, cover page.

²⁹ See M. Adams, *Censorship: the Irish Experience* (Dublin, 1968), p. 32, for a table laying out the proposals in a range of submissions.

³⁰ NAI, D/JUS 7/2/9, oral evidence of the Revd. R. S. Devane, 24 June 1926.

³¹ *The Problem of Undesirable Printed Matter*, pp. 18–20. Fr. Devane submitted birth control pamphlet advertisements from the *Daily Herald*, 5 May 1926, to the committee (NAI, D/JUS 7/2/9).

³² *The Problem of Undesirable Printed Matter*, p. 6. The author added ‘Numerous catalogues, magazines, novels, novelettes etc., etc.’ An index of enclosures (pp. 52–3) indicates that the CTSI submitted a range of books, pamphlets and newspapers to the committee, which are not among materials currently available in NAI, D/JUS files.

³³ NAI, D/JUS 7/2/15, oral evidence of the Revd. Thomas S. Ryan, SJ, representing the Marian Sodalities of Ireland.

one Protestant group, the Dublin Christian Citizenship Council, suggested that many Protestants would not oppose birth control and that it was more widely used by the middle class than might be acknowledged. The group did, however, raise the issue of ‘information relating to birth control and sexual relations’ being sent to those who responded to ‘apparently innocent’ advertisements for other products,³⁴ and the *Report of the Committee on Evil Literature* referred to a case in which a girl who ordered slimming pills also received ‘immoral’ literature.³⁵

Fr. Devane suggested that by 1926 books on contraception were ‘readily obtainable by any young person who wants them’. In particular, he mentioned that Marie Stopes’s pamphlet *A Letter to Working Mothers* was available in Kearney’s of Stephen Street in Dublin.³⁶ Further witnesses identified bookshops that allegedly sold similar material. The Revd. M. Quinlan, SJ, president of the Catholic Headmasters’ Association, named both Hanna’s and Eason’s bookshops and believed that there was a ‘considerable traffic in birth control books’.³⁷ W. B. Joyce, a founding member of the Vigilance Association and representative of the Irish National Teachers’ Organisation, mentioned Webb’s where he said secondhand magazines carrying advertisements for contraceptives lay ‘in heaps in stalls’ outside the shop.³⁸

An intervention in the 1928 Dáil debate on the Censorship Bill, by committee member and TD Professor W. E. Thrift, indicated that he would not condemn birth control but that aspects of the literature were ‘disgusting to all decently minded people’ and fuelled immorality.³⁹ He may have had in mind cheap pamphlets brought to the committee’s attention because they provided sex education as much as information on contraception. An

³⁴ Adams, *Censorship*, pp. 25–6; NAI, D/JUS 7/1/2; and written evidence of the Dublin Christian Citizenship Council.

³⁵ *Report of the Committee on Evil Literature*, p. 16.

³⁶ NAI, D/JUS 7/2/9, Devane’s oral evidence, 24 June 1926. There are two copies of the Marie Stopes pamphlet among Committee on Evil Literature files, one filed with Devane’s evidence and the other in 7/2/17. Possibly because the committee’s report focused attention on the issue, and before the Censorship Bill was passed, in April 1938 Kearney’s was prosecuted and fined £30, with £30 costs, for having sold an ‘obscene libel’, that is, for having sold Margaret Sanger’s birth control pamphlet *Family Limitation* and another booklet, *The Married Woman’s Guide* (see *Irish Times*, 20 Apr. 1928).

³⁷ NAI, D/JUS 7/2/3, oral evidence of the Revd. M. Quinlan, SJ, 21 Apr. 1926. A statement to the committee by bookseller Charles Eason, dated 26 May 1926, argued that times had changed and that contraceptives were sold freely in Britain and Ireland. He suggested, however, that publications relating to birth control should not be publicly displayed and might be sold through ‘specified channels’ (NAI, D/JUS 7/1/2).

³⁸ NAI, D/JUS 7/2/12, oral evidence of W. B. Joyce, 21 Apr. 1926. Joyce was headmaster of the Model Schools, Marlborough Street, Dublin.

³⁹ *Dáil Debates*, xxvi, cols. 635–7, at col. 636.

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understanding of how conception occurred was essential for the effective use of contraceptives. One sample pamphlet among committee files was published by S. Seymour, a British manufacturing chemist. It detailed physical changes at puberty and described how fertilization occurred during the sex act.⁴⁰

The use of female contraceptives, in particular, required knowledge of how to place them in the vagina. An important development in the 1920s was the circulation of cheap publications, directed at working-class women, which provided this information in simple terms. Two such publications, by female birth control pioneers Margaret Sanger and Marie Stopes, were among the items considered by the committee.⁴¹ In *A Letter to Working Mothers*, for example, Stopes used plain language to provide instructions on how to find the cervix:

If you push your finger in as far as possible you will feel (unless you have a very short finger or a very long opening) a little lump. In the centre of this lump there is a tiny hole, almost too small to feel, which leads into the womb. This little entrance in you is that through which the seed goes into the egg inside you which will make the child.⁴²

Understanding the nature of this facet of the committee’s consideration of birth control ‘propaganda’, and the nuances attaching to it, may be important in appreciating why it concluded that ‘its effect on public morality is vicious in the extreme’.⁴³ A range of cultural issues must also have influenced how an all-male and middle-class committee, with no medical training, interpreted such literature. Materials directed at women may have been perceived as pornographic, perhaps as encouraging masturbation. Other assumptions may have included the belief that sexual intercourse was properly initiated by men. Sanger did acknowledge, in *Family Limitation*, that the idea of a woman preparing in advance by placing contraceptives in her vagina might be considered ‘sordid’, though she argued that it was more sordid to be impoverished and broken in health by repeated ‘accidental’ child-bearing.⁴⁴

⁴⁰ NAI, D/JUS 7/2/9, Anonymous, *A Practical Treatise on Birth Control by an Eminent London Physician* (n.d.).

⁴¹ In Jan. 1923, an edition of Sanger’s pamphlet *Family Limitation* was the subject of one of the last cases in which British courts judged birth control material obscene. This may have influenced attitudes in Ireland. The offending illustrations were not included in the edition in the Committee on Evil Literature’s files but it contains reports of the case (NAI, D/JUS 7/2/9).

⁴² M. Stopes, *A Letter to Working Mothers* (1925 edn.), pp. 11–12.

⁴³ *Report of the Committee on Evil Literature*, p. 15.

⁴⁴ M. Sanger, *Family Limitation* (1924 edn.), pp. 12–13.

The committee's report reflected both the concern that, through birth control literature, the 'young and unmarried' could access sexually explicit information and that this group was the target of publishers who advocated contraception as 'opening the way to sensual indulgence for those who desire to avoid the responsibilities of the married state'.⁴⁵ While emphasizing these as the primary 'dangers' arising from 'a propaganda conducted indiscriminately', the committee did acknowledge that the 'growing opinion in Great Britain in support of the propaganda is beginning to exist in the Saorstát'.⁴⁶ It recommended: 'That the sale and circulation, except to authorized persons, of books, magazines and pamphlets that advocate the unnatural prevention of conception should be made illegal, and be punishable by adequate penalties'.⁴⁷ The report noted a minority view that such information be left to the medical profession, a mediating body to whom middle-class, but perhaps not working-class, married couples might be expected to turn for advice, but it also stated that the majority of witnesses considered that such propaganda should not be permitted in Ireland.⁴⁸

The resulting sections of the Censorship of Publications Act (1929) defined the advertising of contraceptive drugs and appliances as 'indecent and obscene' and made it an offence to publish or to sell printed matter advocating contraception or abortion. Contraceptives remained legal. Catholic Action activists had, however, succeeded in associating contraception with the indecent and obscene.⁴⁹ Censorship legislation restricted the circulation of information from Britain, where contraception was increasingly accepted and perceived as a women's health matter. It made it impossible to publish or circulate arguments in favour of family limitation in Ireland, and this was crucial in inhibiting discussion in the period when a ban was under consideration. By then further steps had been taken that associated sales of contraceptives with unethical activity.

⁴⁵ *Report of the Committee on Evil Literature*, p. 15.

⁴⁶ *Report of the Committee on Evil Literature*, p. 14.

⁴⁷ *Report of the Committee on Evil Literature*, p. 19.

⁴⁸ *Report of the Committee on Evil Literature*, p. 15.

⁴⁹ The term Catholic Action was applied to an international Catholic social movement that had its origins in 19th-century Europe but that became more organized in Ireland in the early 20th century, particularly following Pope Pius X's 1905 encyclical on Catholic Action. It involved lay organizations, such as the CTSI, dedicated to advancing Catholic values and interests, disseminating Catholic propaganda, campaigning against modernizing influences and seeking to bring social policy into line with Catholic values. It succeeded in influencing discussion of, and political policy on, social and moral issues in post-independence Ireland. For a summary of the movement's work in Ireland, see Curtis, *Challenge to Democracy*, pp. 203–13; for a detailed consideration, see M. Curtis, *The Splendid Cause: the Catholic Action Movement in Ireland in the 20th Century* (Dublin, 2008).

‘She said she was in the family way’

The Pharmaceutical Society of Ireland

Controversy around birth control increased after 1930 when the Anglican Lambeth Conference, in which Church of Ireland bishops participated, accepted that contraceptive use was ethical in some circumstances. At the end of that year, a papal encyclical *On Christian Marriage* condemned contraceptives, abortion, sterilization and feminism. Within weeks the Cumann na nGaedheal government faced a crisis as members of the Roman Catholic hierarchy threatened to oppose the appointment of Protestant dispensary doctors on the grounds that they might prescribe contraceptives. There was also a critical focus on the Protestant ethos of the Trinity College Dublin medical school. Against this background a move was made within the PSI that may have restricted access to contraceptives in Ireland.

There are no statistics on imports of contraceptives. As late as 1934, a memorandum prepared by the Office of the Revenue Commissioners implied that such imports were neither considered unusual nor recorded separately from other goods. It explained that rubber contraceptives might be entered as ‘Rubber manufactures, other sorts not elsewhere specified or included’, while spermicidal pessaries and gels might appear as ‘medical preparations, dutiable or non-dutiable’ or as ‘preparations of oil, butter etc. etc. not medical’.⁵⁰ In mid 1931, following immediately on from the Trinity College doctors controversy, the contraception and abortion issues dominated reports of discussion of a draft Pharmacy Bill within the PSI. The stance taken by the society at this stage may have been crucial in preparing the ground for the ban under the 1935 Criminal Law Amendment Act.

Before examining how the PSI dealt with the birth control issue it should be pointed out that several grades of retailers operated chemist’s shops and medical halls in Ireland. They included pharmacists, chemists and druggists, registered druggists, and unqualified persons employing qualified staff. Within the trade, pharmacy qualifications were the most prestigious and only pharmacists were qualified to compound medicines. Chemists and druggists were entitled to mix and retail poisons. All grades stocked patent medicines and were potential outlets for contraceptives. The 1875 Pharmacy Act (Ireland) established the Pharmaceutical Society as a regulating body, empowered to regulate pharmacy training, to maintain registers of qualified pharmacists, chemists and druggists, and pharmacy assistants, and to initiate legal proceedings for breaches of drugs regulations as reported to them by weights and measures inspectors. Before 1931, the PSI council, on

⁵⁰ NAI, D/JUS H247/41E, Office of Revenue Commissioners handwritten memorandum dated ‘9.3.34’, signed Tim Cleary. The ‘butter’ reference relates to items like spermicidal pessaries which often involved quinine and cocoa butter.

which a number of places were reserved for chemists and druggists, appears to have had little function beyond fulfilling these requirements. There were few activities to involve ordinary PSI members.

There is evidence of sectarian tension within the society following the establishment of the Free State. Two 1925 letters, one signed by M. Kennedy, MPSI, of Waterford, and the other by James J. Kerr, of Clones, County Monaghan, asked William T. Cosgrave, president of the Executive Council, to introduce new legislation to regulate the society, which continued to operate on an all-Ireland basis after independence. The letters complained that a British-centred clique dominated the twenty-one-man PSI council and that Protestant pharmaceutical firms recruited Northern Irish, Scottish or English personnel and discriminated against Roman Catholic apprentices and assistants. The southern-based pharmacists also alleged that northern Protestant voters helped to maintain a Protestant ethos within the council and that, since Irish manufacturing chemists lacked initiative, chemist's shops were 'becoming a link in the chain of the wholesale druggists' organization of England and the United States of America'.⁵¹ After 1922 the PSI maintained its ties with the British Pharmaceutical Society⁵² and retained *The Chemist and Druggist*, the journal of the British society, as its official organ. Irish pharmacists and chemists may therefore have been exposed to contraceptive trade advertising intended for the British market.

Did exposure to British and Protestant culture mean that Irish chemist shops carried contraceptive products? As pointed out at the beginning of this section, lack of quantitative evidence means that it is impossible to establish the extent to which Irish retailers imported and sold contraceptives during the period 1922–35. There is no indication that the PSI regarded the supply of contraceptives or abortifacients as controversial before 1931. In that year the government sought the society's views on a draft Pharmacy Bill. A 1925 Northern Ireland Pharmacy Act established a separate northern society and new legislation was necessary to redefine the functions of the PSI within the Free State. Heads for the draft bill suggest that the government proposed constituting a Free State Pharmaceutical Society open only to residents of the state. They would, however, establish reciprocity by empowering the PSI

⁵¹ NAI, Department of the Taoiseach S4681, M. Kennedy, MPSI, to Cosgrave, 8 Oct. 1925 and J. J. Kerr letter forwarded to the President's Office by Garda commissioner Eoin O'Duffy, received 1 Oct. 1925. Kerr was elected to the PSI council in 1926 and was registrar when birth control was discussed. Similarly, Curtis, *Challenge to Democracy*, pp. 52–3, quotes Ruth Nicholls, editor of the *Irish Nursing News*, on the continuing Protestant influence in the medical profession after independence.

⁵² E.g., Dublin was the venue for the 1929 British Pharmaceutical Conference (*The Chemist and Druggist*, 29 June 1929, special conference issue).

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council to admit licentiates of pharmaceutical societies outside the state to practise in the Free State and intended to put regulations in place to allow chemists and druggists and registered druggists to upgrade their qualifications and become pharmacists. Discussion of this draft bill brought new life to the PSI as pharmacists perceived both reciprocity and the possibility of upgrading lesser qualifications as threats to their livelihoods. Previously inactive members became involved.⁵³ The scale of the change that took place during 1931 can be measured by the fact that at the largest general meeting in its history, in October 1931, none of the retiring PSI councillors was re-elected.⁵⁴

One individual appears to have forced the issue of birth control within the society: James A. O’Rourke, who took first place in his pharmaceutical exams in 1925. By 1929 he and his brother Michael, who also contributed to the anti-birth control campaign, owned shops in Dun Laoghaire and Dalkey in County Dublin. James O’Rourke rose to prominence within the PSI during the 1931 Pharmacy Bill debate and was one of the new group of licentiates elected to the council that autumn – young men who changed the ethos and outlook of the society. He pursued a ban on sales of contraceptives with an evangelizing zeal that suggested at least sympathy with the ideals of Catholic Action and his voice dominated reports of PSI discussions of the issue.⁵⁵

O’Rourke’s opportunity arose in June 1931, when *The Irish Chemist and Druggist* reported a Pharmaceutical Assistants’ Association suggestion that new pharmacy laws should empower the PSI to remove from the register licentiates found guilty of ‘unprofessional conduct’. The association defined ‘unlimited sale of contraceptives’ or ‘drugs used for abortion, unless prescribed by a medical doctor’, as such conduct.⁵⁶ In July, O’Rourke responded in the letters page of the journal. His letter reflected the position of the Catholic Church but also made it clear that some Irish chemists sold contraceptives and abortifacients.

He challenged the Assistants’ Association’s use of terms such as ‘unlimited’ and ‘unless prescribed by a medical doctor’, suggesting that sales of contraceptives and abortifacient drugs should not be permitted ‘*in any circumstances whatever*’ (O’Rourke’s italics), since both advertising contraceptives and the circulation of literature ‘advocating unnatural birth prevention’ were prohibited by Irish legislation.

⁵³ NAI, D/T S4681, heads for the bill, at this stage referred to as the ‘Pharmaceutical Bill’.

⁵⁴ Attendance noted on copy of agenda (see NAI, D/JUS 8/20/1). Comment in *The Irish Chemist and Druggist*, Nov. 1931, p. 332, began: ‘Jove has thundered, and in the storm the pillars of ex-councillorship have fallen’.

⁵⁵ Biographical details in *The Irish Chemist and Druggist*, Nov. 1936, p. 292.

⁵⁶ *The Irish Chemist and Druggist*, June 1931 (copy in NAI, D/JUS 8/20/1).

O'Rourke argued that there was 'no natural use for contraceptives' and he considered contraception both 'evil' and a contravention of 'natural and divine law'. He stated that it was 'well known' that both 'contraceptives and abortifacients under the guise of health correctives were sold by chemists', possibly a reference to the promotion of abortifacients as menstrual regulators. O'Rourke suggested that the planned Pharmacy Bill provided an opportunity to legislate against such 'evil traffic'.

Relating contraception and a contemporary alarm about the effect on demographics and health of widespread acceptance of birth control, he suggested that the opportunity should be seized to ensure that it was impossible for any practising 'pharmaceutical chemist' in Ireland to advance 'the cause of race suicide'. He proposed an alternative resolution that he considered more appropriate to addressing these issues. It read: 'Any person manufacturing, stocking, procuring, or selling any drug or article used as an abortifacient or contraceptive shall be deemed guilty of infamous conduct, and shall have his name erased from the Register of Pharmaceutical Chemists'.⁵⁷

In the same month James O'Rourke put his views on birth control to the PSI council when, claiming to speak for 'many members of the Society', he headed a six-man delegation to a council meeting. The delegation put a series of arguments on the draft bill to the council, but published reports focused on O'Rourke's suggestion that if the council failed to ban sales of contraceptives and abortifacients it would be guilty of 'a deliberate shirking of duty and moral obligation'. He demanded that a tough new clause be inserted in the draft bill. It read: 'The Council shall erase from the Register the name of any person manufacturing, stocking, procuring or selling or having in his possession, power or control for selling any drug or article used for the purpose of abortion or contraception'. Fifteen council members were present. The president, Denis J. Nugent, promised that they would consider the points put to them. O'Rourke demanded an immediate answer on the contraception issue and Nugent agreed that the council would promote the clause.⁵⁸

This decision, taken in pressurized circumstances, had implications beyond the draft Pharmacy Bill. The council's views on ethical matters had no legal standing, but they had a resonance within the pharmacy trade. Acceptance of the clause signalled that the council rejected arguments that contraceptives had medical uses and that it considered that their sale, and sales of

⁵⁷ *The Irish Chemist and Druggist*, July 1931, pp. 206–7.

⁵⁸ *The Irish Chemist and Druggist*, Aug. 1931, p. 228 and *The Chemist and Druggist*, 25 July 1931, p. 91.

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abortifacients, constituted improper conduct. Within a month, in September 1931, the manager of a major pharmaceutical wholesaler, May, Roberts & Co. of Grand Canal Street, Dublin, contacted the PSI for clarification of its policy and offered to cease stocking contraceptives ‘if it is considered desirable’. The council confirmed that it would welcome the discontinuation of sales. The president reportedly remarked that the compliance of May, Roberts & Co. would force other suppliers ‘to fall into line’.⁵⁹

On 26 September, a Protestant wholesaler, Victor Hanna, wrote directly to O’Rourke at his Dun Laoghaire shop. The letter appeared to be an attempt by Hanna to protect his reputation, possibly in the face of rumour, and was perhaps also, given the recent Protestant doctors controversy, motivated by a sense of intimidation. He believed that newspaper reports of the May, Roberts & Co. decision implied that it was common practice for wholesalers to supply contraceptives. Interestingly, Hanna contended that it was not and he appeared to regard contraceptives with distaste. He asked O’Rourke to make it clear to his ‘friends who formed the recent deputation to the Council’ that he did not stock them and that when the opportunity arose he discouraged their sale.⁶⁰ A third wholesaler, Messrs. A. De St. Dalmas & Co., informed the PSI that it did not stock or deal in contraceptives.⁶¹

Protests at the October 1931 AGM about contraceptive advertising in *The Chemist and Druggist*, the society’s official organ, brought promises from the British publisher that objectionable material would be deleted from Irish editions.⁶² James O’Rourke, newly elected a councillor, reported on the success of the anti-contraceptives campaign, stating that ‘they all now understood that as far as the chemists’ business was concerned’ sales of contraceptives were ‘non-existent’. The ‘danger’, he claimed, lay with ‘outside bodies’ which continued to sell them, presumably a reference to companies owned by non-pharmacists and operating outside the ambit of the PSI.⁶³ He moved that the council should address this problem by lobbying the

⁵⁹ *The Chemist and Druggist*, 19 Sept. 1931, p. 357.

⁶⁰ NAI, D/JUS 8/20/1, letter from Victor Hanna to James O’Rourke, 26 Sept. 1931.

⁶¹ *Irish Press*, 3 Nov. 1931 (copy in NAI, D/JUS 8/20/1). I have found no information on the attitude taken by other Dublin wholesalers, a number of whom were listed in *The Chemist and Druggist*, 8 June 1929, p. 689.

⁶² *Evening Mail*, 31 Oct. 1931 and *Irish Press*, 3 Nov. 1931 (copies in NAI, D/JUS 8/20/1).

⁶³ A 1933 Department of Justice memorandum on contraception prepared for the Geoghegan Committee stated: ‘it is understood reputable chemists have of late refrained from stocking them’. A 1934 note from Fr. R. S. Devane to the minister for justice complained that four Dublin chemists (three of them in Fownes Street) continued to sell contraceptives openly while ‘several’ others did so ‘furtively’ (both in NAI, D/JUS H247/41E).

minister for justice: ‘urging the Government to introduce legislation to prevent the importation, manufacture or sale of contraceptives in Saorstát Éireann’.⁶⁴ The PSI president expressed sympathy with O’Rourke’s call for a legal ban but rejected the lobbying idea and asked him to withdraw the motion on the grounds that while attempting to have the contraception clause inserted in the Pharmacy Bill, it might be unwise to ‘force the hand of the Government’.⁶⁵

In the following months no progress was made on the ethics clause. One sticking point appears to have been the unwillingness of the government to extend the powers of the PSI. It regarded pharmacists as ‘traders’ and felt that PSI authority should be limited to investigating complaints about the management and control of shops, or fitness to practice in cases of ‘mental or physical disability’. It considered that misconduct constituting a breach of the law was a matter for the courts.⁶⁶

In October 1932, the PSI council tried a different strategy. The state had suppressed the report of the 1930–1 Carrigan Committee which raised concerns about the availability of contraceptives.⁶⁷ It appears that members of the PSI council knew its contents. They sent a resolution to the Roman Catholic bishops asking them to ensure that the report’s recommendations on ‘sales of contraceptives and noxious drugs’ were implemented. This provided the bishops with an opportunity to lobby the Fianna Fáil minister for justice, James Geoghegan. A response to the PSI from Bishop O’Doherty of Galway stated: ‘I brought your resolution under the notice of the Bishops on the 11th inst. The Bishops were very pleased to receive it, and delegated three members of the Irish hierarchy to interview the Minister for Justice’.⁶⁸ Following the hierarchy’s approach to Geoghegan, in October 1932, at the request of the PSI council, there appear to have been four stages in the introduction of a ban on the import, sale and distribution of contraceptives. In the first stage, from October 1932 to January 1933, when Geoghegan retired from the executive following a

⁶⁴ *The Chemist and Druggist*, 31 Oct. 1931, p. 545.

⁶⁵ *The Chemist and Druggist*, 31 Oct. 1931, pp. 545–6.

⁶⁶ NAI, D/T S4681, Department of Local Government and Public Health memorandum on the Pharmaceutical Society, forwarded to D/T 17 Oct. 1942.

⁶⁷ Unpublished report of the Committee on the Criminal Law Amendment Acts (1880–5) and Juvenile Prostitution (Carrigan Committee), chaired by barrister William Carrigan, KC, that raised concerns about widespread availability of contraceptives and related this to sexual crime (in NAI, D/T S5998).

⁶⁸ *The Chemist and Druggist*, 19 Nov. 1932, p. 608. A rough note, dated 1 Dec. 1932, among minister for justice James Geoghegan’s papers, reads ‘Bishop of Limerick. Call Chemists’ Association’. Underneath is a jotting to the effect that it was illogical to prohibit advocacy of contraception while permitting the sale of contraceptives (NAI, D/JUS H247/41C).

general election, the hierarchy worked closely with the minister and lobbied for an absolute ban on contraceptives, both appliances and drugs. In the second stage, between December 1932 and June 1933, although aware of the bishops’ views, the Geoghegan Committee considered the issue and drafted heads for a Criminal Law Amendment Bill which provided that doctors could prescribe contraceptives on medical grounds. In the third stage, beginning in July 1933, the Fianna Fáil Executive Council rejected the Geoghegan Committee’s recommendation and proposed introducing an absolute prohibition as demanded by the hierarchy. The fourth stage followed the introduction of the Criminal Law Amendment Bill in June 1934 and ended with the passing of the act in 1935.

Many aspects of the background to censorship and the ban on contraceptives remain to be investigated – the most important perhaps being the extent of the influence of Catholic organizations like the CTSI and Knights of St. Columbanus, of which the government minister ultimately charged with dealing with the 1935 legislation, Sean T. O’Kelly, was a member.⁶⁹ It is, however, important to highlight the position taken by the PSI from 1931. The society provided the bishops with an opportunity to re-enter the debate on contraception not only as spokesmen for the Catholic Church but also as supporters of PSI members. The actions of O’Rourke and his allies within the society clearly prepared the ground for a prohibition on contraceptive retailing. The evidence suggests that the 1931 campaign restricted wholesaling and over-the-counter sales of contraceptives and reinforced connotations of contraceptive use as unethical and not respectable. It involved drawing on elements of nationalism and sectarianism, with the implication that contraception was something foreign and unacceptable. It may also have involved a degree of intimidation or threat. Most importantly, those involved demonstrated a lack of insight into or disregard for women’s interests, rejecting the possibility that contraceptives might be required for health reasons. It is unclear whether James O’Rourke and others within the PSI were involved in Catholic Action networks, but their activities reflected that movement’s aims and suggest a highly organized campaign by well-placed individuals. Taken together, the moves made within the PSI in 1931, as well as those by the Evil Literature Committee in 1926, that resulted in the redefining of birth control information as obscene and requiring censorship, were crucial stages in the process that led to the ban on contraceptives under criminal legislation in 1935.

⁶⁹ Both Curtis, *Challenge to Democracy*, p. 126, and E. Bolster, *The Knights of Saint Columbanus* (Dublin, 1979), identify O’Kelly as a knight. Bolster suggests that he was enrolled soon after the organization was founded in Dublin in 1922, and that he maintained this connection as he rose to ‘the summit of the political ladder (see pp. 48, 70).

II. 'Inexpressible rendings of heart
at the prospect of my child's death':
pregnancy, childbirth and mortality*

* 19 and 25 Sept. 1770, *The Journal of Elizabeth Bennis, 1749–79*, ed. R. Raughter (Dublin, 2007), p. 227.

3. Some sources for the study of infant and maternal mortality in later seventeenth-century Ireland*

Clodagh Tait

Thomas Peery and Sarah Barnes married in Monkstown parish, County Dublin, on 8 June 1684. They seemed to have lived in Monkstown initially, and then moved to 'Dunlary' (Dun Laoghaire). In the twenty years that followed, they had at least seven children, five of whom were dead by the time Sarah herself died in August 1708 (William, John, Anna, Elizabeth and Ruth, who died aged eleven, three, one, six and three respectively). Thomas and Rachel, who survived her, were aged thirteen and five at that time. Owen Bowen, a merchant, and Mary Green married in Killaloe parish, County Clare, in September 1686. They had six children in the space of less than eight years: there may have been more subsequently who were not baptized within the parish. Three of these children were dead by the age of six months, a son named Howell and two daughters called Elizabeth (a third Elizabeth seems to have survived). Their firstborn son, John, may also have passed away aged ten.

Such sad tales of high infant and child mortality rates in the early modern period are familiar, even mundane. Yet historians know surprisingly little in concrete terms about levels of deaths in infancy and childhood for the period before the beginning of censuses in the British and Irish Isles in the nineteenth century. Nor is it easy to find out much about related issues such as maternal mortality and morbidity, or even overall population levels, either nationally or in particular communities. Few coherent bodies of sources survive to assist such endeavours, and those that do are often highly problematic.¹ Early modern governments were not very interested in counting and categorizing their subjects, except when pressing issues such as money, land, defence and religion were at stake. Neither do private

* Many thanks to Bill Frazer, the conference delegates and those attending a workshop on 'Practices and cultures of care in Irish medical history' in the University of Warwick in June 2005 for comments.

¹ See C. Tait, 'Safely delivered: childbirth, wet-nursing, gossip-feasts and churching in Ireland c.1530–1690', *Irish Economic and Social History*, xxx (2003), 1–23, for a discussion of these themes for early modern Ireland and an assessment of the available sources.

records provide adequate insight, even into the more personal aspects of birth and childhood, since the information they reveal is very partial and largely impressionistic. One group of institutions that did undertake some level of counting and categorization were the churches. In a 1980 discussion of levels of pre-industrial infant mortality in a study of north Shropshire, R. E. Jones commented that ‘We are ... reduced to juggling with the figures derived from parish registers if we are to make any attempt to explain the trends in infant mortality between the seventeenth and nineteenth century’.² During the sixteenth and seventeenth centuries, the churches in the British and Irish Isles increasingly advocated the organized compilation of registers of births, marriages and deaths, as well as more careful preservation of administrative records. Such projects were perceived as a means of keeping track of individuals as well as congregations: they could, for example, be used to count those availing of the services of a particular denomination, to pinpoint those who failed to conform, to check that those marrying had been baptized (or had not been married before), and to trace the origins of the wandering poor. For the historian it is their focus on recording marriages (with which childbearing was closely tied, if not infallibly so), births of children, and deaths that makes them so valuable. Even when kept in a cursory manner, surviving registers like those from Monkstown and Killaloe, the areas that are the subject of this chapter, can serve not only to tell the histories of families like the Peerys and Bowens, but to reveal something about broader experiences of bearing and rearing children in the later seventeenth century.

Methodology

The number of Irish parish registers extant for the early modern period is very small, making the ‘juggling’ involved in dealing with them more than usually complex. The level of production of registers was lower in Ireland than elsewhere in the British and Irish Isles before the later seventeenth century due to the underdeveloped nature of both the Anglican and Catholic parish systems. A significant number of the surviving Anglican registers were also lost in the Public Record Office fire of 1922. Historians of Ireland thus have to be prepared to make use of material that might be rejected as too problematic by their counterparts in other countries. The work of Brian Gurrin on Dalkey, Colin Thomas on Derry/Londonderry, and William Macafee and Valerie Morgan on Magherafelt and Lisburn,

² R. E. Jones, ‘Further evidence on the decline in infant mortality in pre-industrial England: north Shropshire, 1561–1810’, *Population Studies*, xxxiv (1980), 239–50, at p. 244. See also R. E. Jones, ‘Infant mortality in rural north Shropshire, 1561–1810’, *Population Studies*, xxx (1976), 305–17.

among others, has demonstrated that Irish parish records can be used quite effectively to reveal something of population levels, demographic changes, marriage patterns and mortality levels.³ This chapter builds on their work, and on previous work on the history of gender and childbirth,⁴ using a small sample of material from the registers to look at issues such as rates of infant and child mortality, pre- and post-marital pregnancy levels, maternal mortality and, indeed, deaths of fathers. The focus is on the period between 1680 and 1705.

The Monkstown records were published in 1908 for the Parish Register Society.⁵ They provide details of 271 baptisms between the beginning of 1680 and the end of 1699, with a number of associated marriage and burial records. The Killaloe registers exist in manuscript form in the National Archives of Ireland and may be consulted there on microfilm.⁶ They contain details of 169 baptisms, from late 1681 to the end of 1699, which again have been compared with marriage and burial records. Both registers have been examined for burials to the end of 1705, in order to pick up additional deaths in early childhood among the cohort represented in the baptism records. The Monkstown registers seem to be more complete than their Killaloe equivalents, with only a short interruption in the entries between late 1700 and the early months of 1702. As well as the later starting point of the latter, there are also possible gaps at the beginning of 1684, in 1685, 1686 and later 1691/early 1692. There are strong reasons for persevering with the Killaloe registers, despite their obvious deficiencies. They regularly, though by no means consistently, give useful details that are often missing from other registers – information like the name of the child's mother, as well as his or her father's occupation, his townland of residence and indications of his social standing by the inclusion of honorific titles such

³ B. Gurrin, *A Century of Struggle in Delgany and Kilcoole* (Dublin, 2000), pp. 30–3; B. Gurrin, *Pre-Census Sources for Irish Demography* (Dublin, 2002); W. Macafee and V. Morgan, 'Historical revision, xxi: mortality in Magherafelt, County Derry, in the early 18th century reappraised', *Irish Historical Studies*, xxiii (1982–3), 50–60; V. Morgan, 'A case study of population change over two centuries: Blaris, Lisburn 1661–1848', *Irish Economic and Social History*, iii (1976), 5–16; C. Thomas, 'Family formation in a colonial city: Londonderry, 1650–1750', *Proceedings of the Royal Irish Academy*, c (2000), 87–111.

⁴ Tait, 'Safely delivered', pp. 1–23; M. O'Dowd, *A History of Women in Ireland, 1500–1800* (Harlow, 2005); A. Laurence, 'The cradle to the grave: English observations of Irish social customs in the 17th century', *The Seventeenth Century*, iii (1988), 63–84.

⁵ *Register of the Union of Monkstown 1669–1786*, ed. H. Guinness (Dublin, 1908). The baptism and marriage entries are also available on the Church of Jesus Christ of Latter Day Saints (Mormon) website <<http://www.familysearch.org>>, and in more useable form at <<http://freepages.genealogy.rootsweb.ancestry.com/~hughwallis/IGIBatchNumbers/CountyDublin.htm#M>> [accessed 10 Aug. 2010].

⁶ National Archives of Ireland, MFCL 5, Killaloe parish registers.

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as ‘mr’, ‘gent[leman]’ and ‘esq[uire]’. For this reason, the births to certain families have been followed in the Killaloe registers for an additional five years (up until 1705), in order to draw out further information relating to birth-spacing and infant feeding practices.

Quite apart from the high rates of loss of registers, and cases where they were inadequately kept, the problems that arise are various.⁷ The records of the Anglican Church in Ireland are to a far greater degree than in England unrepresentative of the population as a whole since they usually miss out on Catholics and Dissenters who did not have their children baptized by the parish clergy, though there are extant late seventeenth-century baptism registers from the Presbyterian and Huguenot communities, with two Catholic registers (from Galway and Wexford) and increasing quantities of Quaker material also surviving.⁸ In the Monkstown and Killaloe registers, then, we are looking at only a proportion of the total population. However, the appearance within them of names such as Butler, Collins, Kelly, Murphy, Reilly, Shea, Walsh, Cotter, Dunn and MacNamara should caution us that the Anglican population in Ireland, or at least the group availing of the services of the Church of Ireland, was not always of New English or Scots descent, nor even consistently Protestant. We know that some children were doubly baptized, both into the Catholic and Anglican churches,⁹ while in parts of the north of Ireland Dissenting communities might avail themselves of burial within Anglican graveyards and marriage by Anglican clerics more

⁷ For further points, see Gurrin, *Pre-Census Sources*, pp. 60–4. More broadly see E. A. Wrigley, ‘Births and baptisms: the use of Anglican baptism registers as a source of information about the number of births in England before the beginning of civil registration’, *Population Studies*, xxxi (1977), 281–312; E. A. Wrigley and R. S. Schofield, *The Population History of England 1541–1871: a Record* (Cambridge, 1989).

⁸ C. Tait, ‘Spiritual bonds, social bonds: baptism and godparenthood in Ireland 1530–1690’, *Cultural and Social History*, ii (2005), 301–27, deals with baptism customs and the registers. For further detail, see C. Rafferty, ‘The Roman Catholic parish registers of Wexford town from c.1672’, *Journal of the Wexford Historical Society*, xv (1994–5), 102–14; *Researching Scots-Irish Ancestors: the Essential Genealogical Guide to Early Modern Ulster, 1600–1800*, ed. W. J. Roulston (Belfast, 2005), pp. 25–40; J. C. Ryan, *Irish Church Records* (Dublin, 2001). Most early Presbyterian registers are in PRONI. Some Huguenot records have been published, e.g., *Registers of the French Conformed Churches of St. Patrick and St. Mary, Dublin*, ed. J. J. Digges La Touche (Dublin, 1893). On the Quakers, see D. Eversley, ‘The demography of the Irish Quakers, 1650–1850’, in *Irish Population, Economy and Society*, ed. J. A. Golstrom and L. A. Clarkson (Oxford, 1981), pp. 57–88; D. Eversley and R. T. Vann, *Friends in Life and Death: British and Irish Quakers* (Cambridge, 1992).

⁹ Wexford is the best example (Tait, ‘Spiritual bonds’, pp. 313–14). National Library of Ireland, P4252, Wexford Roman Catholic parish registers; NAI, MFCI 94/1, Wexford Church of Ireland parish registers; Rafferty, ‘Roman Catholic parish registers’, pp. 102–14.

often than baptism.¹⁰ At the same time, the wide range of social status and occupational descriptors used in the Killaloe registers in particular, from labourers to tailors, to tanners, to clergymen, to gentlemen, mean that even if the Anglican registers do not represent total parish populations, they do give a glimpse of quite a representative cross-section of society.

As historical demographers have frequently reminded us, baptismal registers are just that – registers of baptisms rather than births. Questions must be asked about the length of time that elapsed between a child's birth and his or her baptism, given the consequent potential for inaccuracies in calculations regarding deaths in early infancy in particular. While in the sixteenth century we can be fairly certain of short birth-baptism intervals, historians face severe difficulties in linking births in the 1700s with baptisms because children might wait longer periods before being baptized. In the late seventeenth century in Ireland I would suggest that this interval was still generally quite short. In St. Catherine's parish in Dublin between 1686 and early 1692, where a large number of entries in the register give birth as well as baptism dates, over two-thirds of children were baptized within four days of birth, though some, especially those from higher socio-economic groups, waited somewhat longer.¹¹ In Derry in the mid 1650s, 70 per cent of children were baptized within one week, and over 90 per cent had been baptized within a fortnight.¹² The Monkstown register in the present sample gives a date of birth as well as a date of death in seventeen cases, from which we can derive an average baptismal delay of seven days, though this statistic is skewed by two particularly long gaps of nineteen and twenty-three days – when these two are removed the average is five days. It may be that this sample is unrepresentative: the Evans family of Stillorgan, the Williamson family of Glenageary, and the children of Rice Jones account for nine of these cases, so it may be that both birth and baptism were recorded only at the request of parents who had very particular ideas about the ceremony. There are, however, also indications that children who were in danger of death were baptized as promptly as possible. In Monkstown, William Hill was baptized on the day before his burial in January 1690, and in Killaloe,

¹⁰ E.g., Macafee and Morgan, 'Mortality in Magherafelt', p. 51; Roulston, *Researching Scots-Irish Ancestors*, p. 29.

¹¹ B. M. Berry and R. S. Schofield, 'Age at baptism in pre-industrial England', *Population Studies*, xxv (1971), 453–63; W. Coster, 'Tokens of innocence: infant baptism, death and burial in early modern England', in *The Place of the Dead*, ed. B. Gordon and P. Marshall (Cambridge, 2000), pp. 268–87; A. Poole, 'Baptismal delay: some implications from the parish registers of Cranbrook and surrounding parishes', *Local Population Studies*, lxx (2000), 16–24; Tait, 'Spiritual bonds', pp. 304–6.

¹² Thomas, 'Family formation', p. 97.

Daniel Flin was buried on 6 November 1699, the same day as he was baptized – his twin, Francis, seems to have survived. The evidence suggests that in the majority of cases there is no need to adjust figures on infant mortality to account for baptismal delay, as the effect was slight. However, as will be considered later, there is still room to suspect that stillbirths and some infant deaths within a few days of birth may well have been ignored in the records.

There are also some dramatic exceptions to the rule of prompt baptism. The Killaloe and especially the Monkstown registers give some vivid examples of a process occurring in some Irish Anglican parishes from the 1660s to the 1690s. This was the ‘mopping up’ of a number of Nonconformists who had escaped baptism during the Interregnum and shortly afterwards. In 1683 and 1684 there were two adult baptisms in Killaloe, those of Sarah Davenport and Deborah Wade. More importantly for this study, in Monkstown, four of the children of Robert Fisher and Alice Worsdell, Joseph, Martha, Mary and Isabella; four of the children of the recently deceased Samuel Evans, Mary, Elizabeth, John and Samuel; as well as Mary, Thomas and Jonathan Newmarch, children of Christopher; Joseph and Rachell Rigg; William and Hannah Simmons; and George and John Storie were the subject of group baptisms at around the same time. These pose a problem, since certain of the children in these families may have died before being baptized, and because the lack of an idea of birth dates in a number of these cases makes it difficult to work out issues such as spacing between births, and the age at death of the children.¹³

Demographers using parish registers have also recognized the difficulties that can arise in relation to movement of population. People in the early modern period were very mobile over short and long distances. This is fairly obvious in the late seventeenth-century Anglican registers, where analysis of the surnames points to the inclusion of first-, second- and third-generation English and Welsh settlers. Quite apart from this, people often moved quite short distances in order to follow up on employment and other opportunities. They might not move out of a particular area, but movement might place them in another parish: the Peerys, mentioned earlier, moved the short distance from Monkstown to Dun Laoghaire, thereby remaining in the parish, but an equidistant move in another direction might easily have caused them to be lost to the records. Likewise, in Monkstown an increasing number of baptisms and burials are recorded where the household head is described as being ‘of the city of Dublin’: these were clearly individuals who had houses both in the city and in the ‘countryside’

¹³ See Tait, ‘Spiritual bonds’.

Sources for the study of infant and maternal mortality

Table 3.1. Family missing from parish? Children of Simon Purdon (1655–1719) and Helena Singe

Surname	Name	Date of birth	Date of death
Purdon	George	24 July 1688	Alive in 1719
Purdon	Lewis	13 March 1690	Buried 19 March 1690
Purdon	Symon	25 Dec. 1691	Alive in 1719
Purdon	David	7 Aug. 1693	Alive in 1719
Purdon	Elizabeth	3 Sept. 1694	Buried 21 Feb. 1696/7
Purdon	Edward*		Alive in 1719
Purdon	Margaret*		Alive in 1719
Purdon	William	17 July 1700	Alive in 1719
Purdon	Barbara*		Alive in 1719
Purdon	Helena Marie*		Alive in 1719
Purdon	Elizabeth	2 Feb. 1705	Alive in 1719
Purdon	Charles**		Dead by 1719
Purdon	John**		Dead by 1719
Purdon	‘several daughters’***†		

Bold text indicates children baptized in Killaloe before the end of 1705.

* Indicates additional children mentioned in Purdon’s will in 1719 (birth order suggested by that document).

** Indicates additional children mentioned in *Burke’s Irish Family Records*.

† This description may include all or some of the daughters named above.

nearby. The family histories that registers present are, therefore, often partial, with some children being born or later dying in other parishes. In relation to child mortality, therefore, the present study concentrates on incidents where children born in a parish also died in it, thus potentially skewing the rate of child mortality to a degree (this issue is commented on further below). Killaloe provides a further complicator in this regard given that it was a cathedral parish and may as a result have attracted families from outside to baptize there for reasons of prestige. These families may have baptized only some of their children in the cathedral, or may have buried them in a different parish. The family of Simon Purdon, esquire, of ‘Rahena’ (Tinneranna) and Helena Singe, daughter of the bishop of Cork, in the parish of Ogonelloe is one example (see Table 3.1).

‘She said she was in the family way’

Purdon was one of the ‘chief gentlemen’ of the barony of Tulla in 1690, becoming sherriff of Clare in 1684 and 1696, commissioner for the county from 1695 to 1697, and MP in 1703. Comparing the records from Killaloe with other sources for the history of his family, we find that seven of the thirteen of his children for whom names are recorded were baptized in Killaloe before the end of 1705. There are two long gaps between baptisms, between late 1694 and 1700, and late 1700 and 1705, during which we know from other sources such as Purdon’s will that other children were born. It seems reasonable, therefore, to speculate that the family may have been largely absent from the area during these periods because Purdon was fulfilling his official duties.¹⁴

Childbirth and maternal mortality

The idea that the dangers of early modern childbirth can be overstated seems to be borne out by the registers from Killaloe and Monkstown to some degree.¹⁵ For Killaloe, only two deaths of women in a twenty-year period show clear signs of being caused by childbirth – those of Ann Hollowood, who was buried on 1 May 1683, the same day as her son Laurence was baptized, and Elizabeth Macnamarra, who was buried on 14 July 1689 and whose daughter Frances had been baptized on 19 June. Three other women died when their children were still quite young. The youngest of Anna Chennon’s four children was ten months old when she died in March 1694; this was probably why her husband John remarried two months later. Anna Cogan died shortly after two of her sons in December 1690, a victim of an epidemic in the Killaloe area at this crucial juncture of the War of the Two Kings. Mary Cecyll, wife of Joseph, a merchant, died in November of the same year, probably of the same malady, leaving children aged three and one. (The disease involved is likely to have been typhus, given the rise in mortality during the winter, and a preponderance of adult deaths. The movement of soldiers and the billeting of troops locally may have had some influence on the introduction and spread of disease in the area.¹⁶) Likewise,

¹⁴ He was buried in the cathedral in 1719 (see P. Dwyer, *The Diocese of Killaloe from the Reformation to the Close of the 18th Century* (Dublin, 1878), pp. 350, 386; <<http://www.celticcousins.net/ireland/clarewills.htm>> [accessed 31 Aug. 2010]; <<http://www.clarelibrary.ie/eolas/coclare/genealogy/sheriffs/1684.htm>> [accessed 31 Aug. 2010].

¹⁵ Tait, ‘Safely delivered’, pp. 9–10.

¹⁶ My diagnosis of typhus is based on A. B. Appleby, ‘Disease or famine? Mortality in Cumberland and Westmorland, 1580–1640’, *Economic History Review*, xxvi (1973), 403–32, at pp. 408, 412; M. J. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge, 1997), pp. 461–2. Typhus is spread by body lice, and thus was worse in the winter months when people washed and changed clothes less often, and when people huddling together for warmth facilitated the movement of infected lice between them and

of nine deaths of young mothers in Monkstown Union, only three show direct links with childbirth: Jane Butler died soon after the baptism and burial of her fifth child in 1687; Mary Jones died a week after her son William's baptism in May 1693; and Mary Powell died in August 1688, shortly before a son called Rowland, whose baptism is not recorded. These figures would give a rate of death of 11.8 per 1,000 births in Killaloe and 11.1 per 1,000 in Monkstown, which is below Schofield's estimate of 15.7 deaths per 1,000 births in late seventeenth-century England.¹⁷ The dangers of generalizing from such small samples must be recognized, however.

There may be hidden examples of maternal mortality and maternal morbidity. Some of the other women in these parishes whose deaths cannot easily be ascribed to disease may have died while giving birth to stillborn children whose baptisms and burials were not recorded (and maternal deaths are more likely to result from stillbirths than live births).¹⁸ Furthermore, Judith Lewis has suggested that all deaths of women within four years of the birth of their last child can potentially be linked to childbearing.¹⁹ While this is somewhat tenuous, it is likely that the strains of childbirth may in some cases have had quite long-term effects on the health of certain women, lowering their resistance to maladies such as tuberculosis.²⁰ A final point relates to maternal death during pregnancy. Pregnant women tend to suffer some reduction of immunity to disease in their first and final trimesters. We get no sense from our records of occasions where this compromised immunity contributed to deaths.²¹

the inhalation of infected dried faeces dust. P. Lenihan's article, 'Unhappy campers: Dundalk (1689) and after', in *Scorched Earth: Studies in the Archaeology of Conflict*, ed. T. Pollard and I. Banks (Leiden, 2008), pp. 197–216, demonstrates the toll of diseases, including typhus, in Schomberg's army and among civilians in the previous year. After the raising of the first siege of Limerick in August 1690, William III's troops dispersed into winter quarters in Tipperary and Kilkenny (see R. Doherty, *The Williamite War in Ireland 1688–91* (Dublin, 1998)).

¹⁷ R. Schofield, 'Did the mothers really die? Three centuries of maternal mortality in "The World We Have Lost"', in *The World We Have Gained*, ed. L. Bonfield and others (Oxford, 1986), pp. 231–60, at pp. 250–2, 259–60. On the causes of maternal mortality, see I. Loudon, *Death in Childbirth: an International Study of Maternal Care and Maternal Mortality, 1800–1900* (Oxford, 2001). Compare Julia Anne Bergin's maternal morbidity figures for the 19th-century lying-in hospitals in this volume, especially the drop from 257 deaths per 1,000 deliveries in 1881 to 11 per 1,000 deliveries in 1894, after the introduction of new antiseptic practices.

¹⁸ Schofield, 'Did the mothers really die?', pp. 231–60.

¹⁹ J. Lewis, "'Tis a misfortune to be a great ladie': maternal mortality in the British aristocracy, 1558–1959', *Journal of British Studies*, xxxvii (1998), 23–56, at p. 31.

²⁰ Lewis, 'Maternal mortality in the British aristocracy', p. 43.

²¹ Schofield, 'Did the mothers really die?', p. 255.

‘She said she was in the family way’

To put maternal mortality in context, it is interesting to find that young children seem to have been as likely, indeed even more likely, to lose their fathers as their mothers. Five fathers of very young children died in Killaloe in the period of study: Anthony Felton, James Hall, Richard Morris, William Stewart or Street, and James Worth. No fewer than thirteen fathers expired in Monkstown Union, including David Ribton, who left his wife Abigail with four surviving young children when he died at the age of twenty-nine in 1700. Therefore, even given the slightly elevated risk of mortality posed by pregnancy and childbirth, women aged from their late teens to early forties may have had a lower overall risk of death than the men to whom they were married. Work conditions possibly had something to do with this: one of the few entries to provide a cause of death in the Monkstown registers tells us that William Towson drowned in October 1689.

By the late seventeenth century in both Killaloe and Monkstown, pregnancy seems to have been closely related to marriage. None of the births recorded are specifically pointed to as illegitimate. Where marriages performed in the parishes can be matched up with births, we find that many couples got the production of children underway immediately afterwards. Eleven of twenty-two childbearing couples in Monkstown for whom marriages are entered in the registers had their first child by the end of ten months of marriage. Fifteen had children by the end of the first year, and if three exceptionally long gaps of twenty-nine, thirty-two and forty-eight months (potentially caused by miscarriage or temporary absence from the parish) are left out, the average marriage/baptism interval is 10.8 months. In Killaloe, twelve of twenty-seven couples had children by the end of the first year of marriage and the average marriage/baptism interval there when six gaps of thirty months or longer are excluded is twelve months.²² These figures correspond quite closely with those derived for Templemore in Derry by Colin Thomas where 64.5 per cent of marriages between 1650 and 1739 can be linked to baptisms within a year.²³ From Killaloe we get two presumed cases of premarital pregnancy. William and Alice Clarke’s first child, Margaret, was baptized just over three months after her parents’ marriage, while Thomas and Mary Macnamarra’s daughter Ellin was born five months after her parents had married (the fact that this latter entry seems to have been added to the register as an afterthought may indicate either a hasty marriage, the regularizing of a ‘clandestine’²⁴ marriage, or a

²² For comparisons, see Gurrin, *A Century of Struggle*, pp. 51–3.

²³ Thomas, ‘Family formation’, p. 98.

²⁴ On clandestine marriage, illegitimacy and bridal pregnancy in early modern Britain, see especially R. B. Outhwaite, *Clandestine Marriage in England, 1500–1850* (1995); J.

mistake on the part of the clergyman). The records of the Killaloe church courts from the late seventeenth and early eighteenth centuries give several other examples of extra-marital sexual intercourse, a number of which were the subject of breach of contract proceedings.²⁵ But generally, the registers show that childbirth and its risks were closely tied to marriage.

Within marriage, people may have made efforts to time the birth of children. Brian Gurrin has suggested that there may be some evidence in the registers from Dalkey, County Dublin, of attempts to control the timing of births over the year, with troughs occurring from August to October, which may be due to baptismal delay but may also have resulted from consciousness of the need for female labour during harvest-time. The limited nature of my samples precludes an attempt to investigate this for Killaloe and Monkstown, but it may be feasible for a longer survey. It is difficult to ascribe definite motives by merely looking at such figures in isolation: people may have tried to avoid having children during harvest, or they may just have been less inclined to engage in sexual intercourse in the coldest part of winter, resulting in a dip in births nine months later. However, Gurrin's work does show the clear effects of periods of dearth on subsequent baptism levels, whether the result of planning, delayed marriages or averted births due to the poor nutrition of childbearing women.²⁶

A final issue in relation to childbirth that may usefully be measured concerns the intervals that elapsed between births of children. Table 3.2 shows the intervals between births to the parents in Killaloe parish who had five or more children in the period before the end of 1705 (twins are obviously counted as one birth event).

The sample is too small to be used effectively to look at issues such as the lengthening of intervals between births as couples aged, and measurements of this kind can be skewed by unrecorded miscarriages and other events. However, it is possible to suggest ways in which the registers can be coaxed to reveal some rather interesting information that potentially confirms theories on the relationship between lactation and

Gillis, 'Resort to clandestine marriage and common law marriage in England and Wales, 1650–1850', in *Disputes and Settlements: Law and Human Relations in the West*, ed. J. Bossy (Cambridge, 1985), pp. 261–86; R. Adair, *Courtship, Illegitimacy and Marriage in Early Modern England* (Manchester, 1996); C. Smout, 'Scottish marriage, regular and irregular 1500–1940', in *Marriage and Society: Studies in the Social History of Marriage*, ed. R. B. Outhwaite (1981), pp. 204–36.

²⁵ Dwyer, *Diocese of Killaloe*, pp. 351–65; M. Ingram, 'Spousal litigation in the English ecclesiastical courts c.1350–c.1640', in Outhwaite, *Marriage and Society*, pp. 35–57.

²⁶ Gurrin, *A Century of Struggle*, pp. 34–46.

Table 3.2. Killaloe: intervals between births to parents with five or more children¹

Name and status	Interval: marriage -1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	Average interval ²
Bowen merchant	15 m	11 m	15 m	15 m	16 m	15 m			15 m
Cecyll merchant	1st: 13 m 2nd: 15 m	21 m 12 m							17 m 18 m
Hawkins vicar	17 m	14 m	23 m	28 m	20 m	27 m	12 m	16 m	20 m
Hutt* (none)	11 m	36 y	24 y	51 m	28 m	23 m	19 m		27 m
Jones* barber	18 m	29 m	20 m	63 m	24 m	25 m (twins)	38 m	50 m	33 m
Macnamarra 'Mr'	14 m	27 m	26 m	29 m	22 m (twins)	16 m	22 m	+ ³	22 m
Mary Biddulph* servant	1st: ? 2nd: 18m	23 m	59 m	26 m	33 m	23 m			? 30 m
Ogle 'Mr'	9 m	15 m	13 m	11 m (twins)	12 m	15 m	20 m		14 m
Purdon esquire	n/a	21 m	20 m	19 m	11 m	+ ⁴			18 m
Tovey curate	n/a	12 m	11 m	11 m	10 m	19 m			13 m
Worrall* labourer	n/a	38 m (twins)	35 m	28 m	35 m	32 m	13 m	32 m	30 m

¹ This graph thus includes cases where at least four examples of intervals between births are available.
² Figures that are .5 and above are rounded up; .49 and below are rounded down.
³ Other children were born subsequently.
⁴ Other children were born subsequently but excluded due to known gaps in the available records.

fertility, and demonstrates which families were most likely to use wet-nurses.²⁷

Women from the gentry, aristocracy and upper sections of town society were less likely to nurse their own children in the period in question. They therefore missed out on the contraceptive benefits of breastfeeding, as well as avoiding cultural taboos (where they existed, something that is impossible to measure) of refraining from intercourse until children were weaned.²⁸ We can therefore expect to see lower birth intervals among this group. Information from the Killaloe registers can help to flesh out this picture, confirming, though tentatively, that shorter intervals between births tended to occur within families from the 'middling' as well as the 'greater' sort.²⁹ Killaloe is useful in a way that Monkstown is not, since, as mentioned earlier, in a number of cases the occupation or social status of fathers is recorded, though the fact that there may be gaps in the registers should also be remembered. Entries relating to the better-off parishioners were more likely to include this information – it is not unreasonable to assume that those given no signifier in the registers were of relatively low social status. Seven of these parents fall into the broad category of middling sort and lower gentry (two merchants, two clerics, two described as 'Mr', and an 'esquire'), while four come from the lower sort (a barber, a labourer, a former servant and one undesignated). For Joseph Cecyll and Mary Biddulph, children from two marriages were included. The similar case of Maurice Cogan was left out as, while he seems to have had a fifth child after the death of his wife in 1690, there is no absolute certainty that the later entry refers to the same Maurice Cogan.

The differences between the two groups are clear. Without exception, the 'middling' families demonstrate shorter birth intervals than their lower-status counterparts – thirteen to twenty-two months as against twenty-seven to thirty-three months (note R. G. Potter's mean of eighteen months between births for non-lactating women, and twenty-seven for those practising 'prolonged lactation', in cases 'unmodified by contraception

²⁷ For broad discussions of the factors influencing fertility and birth-spacing, see T. B. Gage and others, 'Demographic studies and human and population biology', in *Human Population Biology: a Transdisciplinary Science*, ed. M. A. Little and J. D. Haas (Oxford, 1989), pp. 45–65; R. G. Potter, 'Birth intervals: structure and change', *Population Studies*, xvii (1963), 155–66.

²⁸ D. McLaren, 'Marital fertility and lactation, 1570–1720', in *Women in English Society 1500–1800*, ed. M. Prior (1985), pp. 1–24; Tait, 'Safely delivered', pp. 9–11. See V. Fildes, *Breasts, Bottles and Babies: a History of Infant Feeding* (Edinburgh, 1986); V. Fildes, *Wet Nursing: a History from Antiquity to the Present* (Oxford, 1988).

²⁹ McLaren talks broadly of 'rich' women: this study suggests a more nuanced picture of the makeup up this group.

and pregnancy wastage’).³⁰ Comparison of available marriage/first baptism intervals and subsequent baptism intervals shows that for the middling families the former often match the latter quite closely, but this is not the case for the lower sort families, where later baptism intervals are consistently longer. The most spectacular example of a woman dedicated to bearing rather than rearing children was the anonymous wife of James Tovey, curate of Killaloe in the mid 1690s, who managed to have five children in less than five years, including two children born in 1697. (A similar feat was performed in Monkstown by the wife of Owen Guinneas, who had one child each July for four successive years, 1687–90). At the other end of the scale, Elizabeth, wife of John Worrall, labourer, took nearly eighteen years to have her eight children, who included one set of twins, while Elizabeth Jones had nine children in roughly twenty years. Maybe these women were even nursing their wealthier neighbours’ children as well as their own. There are indications that the deaths of children who were being nursed by their mothers could lead to the reduction of intervals between births: the shortest of the intervals between the births of William and Elizabeth Jones’s children occurred after their second son Mark died at the age of two months. In a more detailed survey it might be possible to compare the death rates of children in the two types of family to see if frequent childbearing had a detrimental effect on the health of children and mothers, but this is not possible on this occasion. The fact that comparatively many of the middling sort had high enough numbers of children to bring them within the range of this study also suggests that there is an opportunity to consider both the social and medical history of higher birth rates among this group. One important issue that even these limited figures indicate is that historians need to treat birth-interval data in a more careful way than is sometimes done. Merely calculating a mean figure by averaging all available birth-intervals, or the collation of families of different social status, risks producing a meaningless outcome, since it is likely to ignore the differing child-rearing practices of different families at different times. Even within individual families it is impossible to infer that the same strategies were used for all children – some mothers may have nursed some but not all of their own children, or nursed them for a short period before passing them over to wet-nurses.

³⁰ Potter, ‘Birth intervals’, pp. 155–6. Rosemary Raughter in this volume mentions that the intervals between the births of Elizabeth Bennis’s children averaged 18 months (she had 10 children in 17 years). The mention in her diary of an abscess in her breast two months after the birth of one of her children may indicate that she was breastfeeding at that time: it may therefore be the case that she nursed some of her children for at least a short period.

Sources for the study of infant and maternal mortality

Table 3.3. Monkstown: infant and child mortality

Age at death	Total baptisms	Total per 1,000 baptisms
Under 1 month	9 ¹	33.2
1 month–1 year	14	51.7
<i>Total under 1 year</i>	<i>23</i>	<i>84.9</i>
1–2 years	3	11.1
2–5 years	5	18.5
5–13 years	5	18.5
<i>Total 0–13 years</i>	<i>36</i>	<i>132.8</i>

¹ This figure includes three possible stillbirths.

Table 3.4. Killaloe: infant and child mortality

Age at death	Total baptisms	Total per 1,000 baptisms
Under 1 month	4	23.7
1 month–1 year	8	47.4
<i>Total under 1 year</i>	<i>12</i>	<i>71</i>
1–2 years	11	65.1 ¹
2–5 years	4	23.7
5–13 years	7	41.4
<i>Total 0–13 years</i>	<i>34</i>	<i>201.2</i>

¹ Nine of the 11 babies were dead by the age of 18 months.

Infant and child mortality

One of the striking features of the two registers considered in this study is the unexpectedly low rate of infant mortality that they appear to reveal. In Monkstown (Table 3.3), twenty-three out of 271 children³¹ died before their first birthdays, nine in the first month of life (this figure includes three children presumed to be stillborn because of the absence of baptism records).³² For the purposes of comparison, this gives an infant mortality rate of 84.9 per 1,000 births. In Killaloe (Table 3.4), twelve infants of 169 likewise died before the age of one, giving a rate of 71 per 1,000. This figure is low when compared with English and European rates for the same period. Historical demographers generally agree that pre-

³¹ This figure does not include cases where multiple children were baptized at once.

³² These are the cases where a date of marriage is known, and the death of a child has been found for whom there is no corresponding baptism.

industrial societies throughout Europe struggled to achieve infant mortality rates under about 150 per 1,000, though some English parishes seem to show rates below this level.³³ Jones, for example, suggests an infant mortality rate of 124 per 1,000 in north Shropshire between 1681 and 1700. Where registers were particularly detailed the rate was higher – 202 per 1,000 in 1681–90, 180 per 1,000 in 1691–1700, half of whom had died within one month.³⁴ Brian Gurrin suggests an even lower rate of infant mortality for the nearby Delgany union of parishes between 1666 and 1700, though he believes the information not to be totally accurate. He found that 5.7 per cent of baptized children had died by the age of two years (compare 9.59 per cent of children in Monkstown 1680–1700). His figure of 16.6 per cent for 1749–60 may be more accurate.³⁵

The issue of more or less detailed registers provides one potential key to the disjuncture between recorded and expected infant mortality in Ireland as in Shropshire. Jones suggests that up to about 21 per cent of infant deaths may be lost to the historian because of 'linkage' failures, usually due to children being baptized and buried in different parishes.³⁶ Another, more serious, difficulty is the potential under-recording of children who died before baptism. Stillborn children may not have been afforded full burial rites. The oath taken by midwives in seventeenth-century Scotland and England obliged them to ensure that such children were buried somewhere where the remains could not be disturbed, but there was no call for consecrated burial, and no obligation on the church authorities to record such births.³⁷ E. A. Wrigley has stated that for England 'there seems to be no ground for supposing that the registration of infant burials

³³ Jones, 'Infant mortality', p. 308. See also R. Schofield and E. A. Wrigley, 'Infant and child mortality in England in the late Tudor and early Stuart period', in *Health, Medicine and Mortality in the 16th Century*, ed. C. Webster (Cambridge, 1979), pp. 61–95; C. Galley and N. Shelton, 'Bridging the gap: determining long-term changes in infant mortality in pre-registration England and Wales', *Population Studies*, lv (2001), 65–77; J. Schellekens, 'Economic change and infant mortality in England, 1580–1837', *Journal of Interdisciplinary History*, xxxii (2001), 1–13; R. Woods, *Death before Birth: Fetal Health and Mortality in Historical Perspective* (Oxford, 2009); E. A. Wrigley and others, *English Population History from Family Reconstitution 1580–1837* (Cambridge, 1997).

³⁴ Jones, 'Infant mortality', pp. 305–6, 307, 313.

³⁵ Gurrin, *A Century of Struggle*, p. 64.

³⁶ Jones, 'Infant mortality', pp. 307–8.

³⁷ D. Evenden, *The Midwives of 17th-Century London* (Cambridge, 2000), pp. 24–49; C. Gittings, 'Sacred and secular: 1558–1660', in *Death in England: an Illustrated History*, ed. P. Jupp and C. Gittings (Manchester 1999), p. 150; Wrigley, 'Births and baptisms', pp. 281–312; Schofield and Wrigley, 'Infant and child mortality', pp. 61–95; Jones, 'Infant mortality'; Jones, 'Further evidence'; J. Wilson, 'Dead fruit: the commemoration of still-born and unbaptised children in early modern England', *Church Monuments*, xvii (2002), 89–100.

was deficient to any great extent'.³⁸ We can be less sure of this in Ireland. We know that the Catholic community often buried unbaptized and young children in unconsecrated burial grounds known as *cillíní*.³⁹ Padraic Ó Héalaí has uncovered extensive evidence of unbaptized children, those who received lay baptism and even older children being buried with curtailed rites and on unconsecrated ground in Kerry up until the twentieth century. This was the case for parts of Donegal and the north of Ireland as well.⁴⁰ Though there seems to be no direct evidence of the use of unconsecrated burial by members of the Church of Ireland, we should not assume that this was definitely the case. A further issue may have arisen in relation to united parishes like Monkstown, where the clergyman served the parishes of Stillorgan, Kilmacud, Kill-of-the-Grange, Tully, Dalkey and Killiney, whose own churches were in disrepair.⁴¹ There is no indication in the records as to whether just the Monkstown burial ground was being used at this time, and it could be expected that stillborn (especially pre-term) children or infants, even those who had been baptized, may well have been quietly and informally buried in local graveyards potentially without the assistance of a clergyman and without meriting an entry in the registers. Again, the result is that caution must be exercised as regards statistics about infant death rates in particular, though at the same time it seems unlikely that enough children are missing from the records to bring the real rates of infant mortality up to 150 per 1,000.

These difficulties aside, the figures certainly confirm that in Ireland, as elsewhere, infancy and early childhood were the most precarious life-stages for children. After the age of two years the death rates reduced in both parishes. As multiple diseases and accidents were responsible for child deaths, causes can often only be guessed at, even in times of crisis mortality. Children appear to have been vulnerable, though not as much as adults, to the disease (typhus?) already mentioned that killed a number of people in Killaloe in 1690. A series of deaths of older children in the parish in May 1685 was probably caused by smallpox, which kills more children than

³⁸ Wrigley, 'Births and baptisms', p. 309.

³⁹ C. Tait, *Death, Burial and Commemoration in Ireland 1550–1650* (Basingstoke, 2002), pp. 69, 160, 186; E. Murphy and C. Donnolly, 'The origins of *cillíní* in Ireland', in *Deviant Burial in the Archaeological Record*, ed. E. Murphy (Oxford, 2008), pp. 191–223; E. Murphy and C. Donnolly, 'The origins of *cillíní*', *Archaeology Ireland*, xxii (2009), 26–9.

⁴⁰ P. Ó Héalaí, 'Children's funerary rites in Ireland: a compensatory dimension', in *The Past in the Present: a Multidisciplinary Approach*, ed. F. Mugnaini, P. Ó Héalaí and T. Thompson (Catania, 2006), pp. 87–106; *Limbo Babies*, dir. A. Millar (BBC1 Northern Ireland, 1 Feb. 2011).

⁴¹ F. E. Ball, *A History of the County Dublin* (1902; Dublin, 1995), pp. 41–3.

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adults and more older children than infants, and which is known to have reached epidemic levels elsewhere in these islands in the same period.⁴²

One additional factor that contributed to the deaths of children under the age of two years may also be revealed by the statistics. Historians have pointed to the fact that in some areas the rate of child deaths can be seen to have settled down to a degree after one month, only to rise again after about six months, a factor reflected in both Killaloe and Monkstown. This probably had something to do with the timing of the beginning of weaning of children since they would then have been exposed to an increased range of bacteria and parasites in food and water, and would gradually have lost any remaining benefits to their immune systems provided by their mothers’ milk.⁴³ The especially high death rates of infants between the ages of one and two in Killaloe contrasts sharply with the Monkstown figure. The crisis mortality of 1690 accounts for four of these deaths, but the remaining figure of seven is still high.⁴⁴ Is it possible that full weaning occurred slightly later in Killaloe than in Monkstown? Could differences in death rates reveal different practices (whether practically or culturally motivated) relating to childrearing in different regions? In a more detailed survey than the present one, it might also be possible to calculate whether boys or girls were more likely to die at different times, and perhaps thereby to draw conclusions on whether imbalances in death rates might be related to differing treatment of male and female children. The question of whether boys were likely to be weaned later than girls could potentially also be investigated by means of comparison of birth intervals.

⁴² Five children were buried in that month, all described as son or daughter of someone (suggesting a child or teenager), but only one can be found to have been baptized in the parish in the previous three years. There was an epidemic of smallpox in northern England in 1684 and one on the Isle of Man in 1685 that reached its peak in April and May (note that in London in the same period, smallpox epidemics tended to peak in the latter half of the year) (see <http://www.isle-of-man.com/manxnotebook/history/ep_1685.htm>; <http://www.fraser-courtman.co.uk/list_of_famines_&_pestilences_england.html> [accessed 5 Aug. 2010]). See also Dobson, *Contours of Death*, pp. 418–19, 477–83; J. Landers, *Death and the Metropolis: Studies in the Demographic History of London 1670–1830* (Cambridge, 1993).

⁴³ Schofield and Wrigley, ‘Infant and child mortality’, pp. 90–1; J. Knodel and H. Kintner, ‘The impact of breast feeding patterns on the biometric analysis of infant mortality’, *Demography*, xiv (1977), 391–409; Schellekens, ‘Economic change and infant mortality’; P. Crawford, ‘“The sucking child”: adult attitudes to child care in the first year of life in 17th-century England’, *Continuity and Change*, i (1986), 23–52.

⁴⁴ They do not seem to cluster at any time of the year, though there is a modest rise in occurrence in 1696–9: the sample is too small to consider whether this was coincidence, or related to special difficulties in these years.

Conclusion

It might be argued that there is no real human drama in parish registers. Though they deal with marriages, births and deaths, there are no personal reactions to their joys and sorrows. There is no information on the supports provided by the church, or indeed of the comforts and remedies offered by popular religion. The bald figures may conceal stillborn babies and there is no sign at all of earlier miscarriages and the loss of pregnant women who died before term. But they are useful in a number of ways. They can give us glimpses of levels of maternal mortality, and remind us that women of childbearing age died of disease and other misfortunes more often than they died in childbirth. Sometimes we can guess at the wider impact of the loss of women such as Sarah Barnes and Mary Cecyll, a mother of two young children, whose husband's relative wealth could do nothing to save her, but perhaps increased the widower's chances of remarriage. The registers also warn that maternal mortality needs to be looked at in the context of the deaths of fathers like David Ribton. While potentially problematic in telling us about overall infant mortality, they are more useful in regard to the deaths of children after baptism, and incidents of crisis mortality, such as the epidemic that killed young mothers, fathers and children in Killaloe in 1690, a crucial time in the politics of the British and Irish Isles. They tell us about the value placed on marriage, and slip-ups in terms of pre-marital pregnancy, showing that prompt action to rectify such slips meant that children born unusually soon after the vows were taken aroused little comment. There are hints at the perseverance, even optimism, of parents in the face of grim statistics: the Bowen family's reuse of the name Elizabeth despite the death of two of its former holders did not erase past lives, but symbolized dogged hope that family names would be carried into the future.⁴⁵ Parish registers can also, in the evidence they provide about birth spacing, suggest some information on the nursing of children and the differing experiences of the bearing and rearing of children among better-off and less well-off neighbours, women like Mrs. Tovey, Mrs. Guineas and Elizabeth Worrall. Perhaps the real conclusion should be that there is plenty of drama here, once we work out where and how to look.

⁴⁵ On the reuse of personal names, see C. Tait, 'Namesakes and nicknames: naming practices in early modern Ireland 1540–1700', *Continuity and Change*, xxi (2006), 313–40, at pp. 324–7.

4. 'A time of trial being near at hand': pregnancy, childbirth and parenting in the spiritual journal of Elizabeth Bennis, 1749–79

Rosemary Raughter

Elizabeth Bennis's journal opens on 23 June 1749 with an account not of birth but of rebirth. On that day, three months after her first encounter with one of John Wesley's preachers, Elizabeth made what proved to be a lifelong commitment to this new movement of regeneration and revival. Originating as a society within Anglicanism, Methodism went on to become a 'connexion' with its own structures and regulations, appealing to members of all denominations and extending from Britain and Ireland to North America and the West Indies. A major factor in its early success was the female support which it attracted, and Elizabeth Bennis was one of a considerable body of women convinced and galvanized by Wesleyan teaching, for whom conversion marked the opening of a new life chapter. As she remembered that moment of transformation and transition:

The light broke in upon me in a moment and banished all the shades of darkness, all doubts were done away and I could now believe in and lay hold of Christ as mine, and appropriate his mercy to my own soul. The spirit of God bore witness with my spirit that I was his child and I could say 'He hath loved me and given himself for me'.¹

The journal that Elizabeth began on that day and kept for at least the next thirty years² was an essential component of her new spiritual allegiance, providing an almost daily forum for prayer, praise and rigorous self-examination. The 'little domestic affairs of life' were not part of her theme – indeed, she regarded them as a distraction, 'my attention', as she lamented, 'so taken up with them as to leave but little time or attention for the things

¹ 23 June 1749, *The Journal of Elizabeth Bennis, 1749–79*, ed. R. Raughter (Dublin, 2007) (hereafter *Journal*), p. 59.

² The final entry in the second volume of the journal is dated 10 March 1779, but there may have been a subsequent third volume, now lost (see D. L. Cooney, 'Elizabeth Bennis: memorable Methodist', in *Journal*, pp. 8–26, at p. 8).

of God’.³ Voluble about her religious beliefs and dilemmas, Elizabeth was reticent on the more mundane business of life: details of her roles as wife, mother and household manager emerge for the most part incidentally, and as they interact with her faith. Nevertheless, the journal, amplified by other sources such as family records and Elizabeth’s posthumously published correspondence, provides a valuable record over many years of one non-elite woman’s experience of childbirth and motherhood in mid eighteenth-century Ireland.⁴ This chapter will examine Elizabeth’s childbearing history as related in her journal. It will discuss her approach to parenthood, and her response to the deaths of a number of her children. Finally, it will consider the part played by her faith in shaping her understanding of her role as a mother and her relations with her children.

Elizabeth’s conversion at the age of twenty-four was the culmination of a lengthy search for spiritual fulfilment. By her own account, this period of questioning dated from her childhood, which she depicts as isolated and possibly lacking in affection. The journal contains no mention of her mother, and her father, Isaac Patten, merits just two references. The first of these is no more than a terse record of his death; the second occurs in Elizabeth’s account of a dream, in the course of which her father and his ‘company’ of cronies try to induce her ‘to drink of their liquor’. Whether or not this dream reflects reality, it seems that the young Elizabeth found little companionship within her own family: her greatest longing as an adolescent, she remembered, was for ‘a Christian friend ... to whom I might declare all that passed in my heart ... but did not then ever expect to meet with such’. Whatever the shortcomings of her upbringing may have been, however, the Patten household was evidently a literate and at least conventionally devout one, and Elizabeth clearly received a decent education: she wrote an excellent hand, expressed herself fluently in prose and occasionally in verse, and had access to ‘books of divinity’, which were presumably part of the family library.⁵

Elizabeth’s father died in 1743. Two years later she married her cousin, Mitchell Bennis, and the couple set up home in Bow Lane in Limerick, where Mitchell carried on a saddlery and hardware business. The Bennis’s first surviving child, Eleanor, was born a full three years after their marriage,

³ 16 Apr. 1768, *Journal*, p. 200.

⁴ On family records, see *Journal*, pp. 285–6. Elizabeth’s correspondence is published in John Wesley, *Christian Correspondence: a Collection of Letters Written by the Late Rev. John Wesley, and Several Methodist Preachers in Connexion with Him, to the Late Mrs Eliza Bennis, with Her Answers* (Dublin, 1842).

⁵ The fullest account of Elizabeth’s youth and family background, including reference to her father’s death, is in the entry for 16 Oct. 1765, *Journal*, pp. 174–80. For her father’s appearance in a dream, see 11 Feb. 1755, *Journal*, pp. 112–13.

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in November or December 1748, and thereafter babies arrived in fairly brisk succession, the average interval between births being about eighteen months.⁶ A few weeks after beginning her journal, Elizabeth was pregnant again: another daughter was born in April 1750. This baby died in infancy, as did another, born in February 1752, and two more, born in July 1753 and November 1755. Three more children were born between 1757 and 1759, of whom only a son, Thomas, survived. Sometime in the next few years a second son, Henry, was born, followed in March 1765 by another daughter, who was named after her mother.⁷ Elizabeth was now forty years old. She was to have no more children and, so far as can be ascertained from the journal, no more pregnancies. In the course of seventeen years she had given birth to ten children and had been almost continuously either pregnant or nursing an infant, and it is surely no coincidence that it was at this point, with the burden of childbearing if not of childrearing behind her, that she embarked on the period of her most strenuous activity on behalf of Methodism.

Details of eight of Elizabeth's ten deliveries are recorded in her journal, the exceptions being that of her eldest child, Eleanor, who was born before her conversion, and that of her younger son, Henry, whose birth coincided with a temporary cessation of the journal between 1760 and 1763. These accounts follow a standard pattern. Elizabeth's first reference to her pregnancy invariably came in its closing weeks, triggered perhaps by some premonitory pains or discomfort. Previous to that, however, she seems to have maintained her normal workload as a mother and manager of a household with an active involvement in the running of the family business. In addition, she was by now committed to an onerous and time-consuming programme of religious duties. These included regular Sunday worship at St. Mary's Cathedral, just a few yards from her home in Bow Lane, daily private prayer and meditation, and attendance during the week at Methodist sermons, classes and band meetings.⁸ During the second half of her 1755 pregnancy, for instance, she nursed one of her children

⁶ For a discussion of birth-interval data and the difficulties in analysing it, see Clodagh Tait's chapter in this volume.

⁷ On Elizabeth's childbearing history, see n. 1, 1750, *Journal*, p. 299.

⁸ Classes were groups of about 12 individuals, which met weekly for hymn-singing, exhortation, personal testimony and a collection. Bands, which also met weekly, were smaller groups of six or seven believers. Admission was by ticket of membership only, and members were subject to stringent spiritual discipline, detailed by John Wesley in *Rules of the Band Societies* (1738) and *Directions Given to the Band Societies* (1744). On Methodist organization, see D. L. Cooney, *The Methodists in Ireland: a Short History* (Dublin, 2001), pp. 131, 163–4; and *A Dictionary of Methodism in Britain and Ireland*, ed. J. A. Vickers (Peterborough, 2000).

through a bout of measles,⁹ made a number of journeys outside Limerick in connection with 'my affairs in the country',¹⁰ and carried out the various duties required of her as leader of a band, attending its weekly meetings and participating in special events such as the quarterly love feast and the 'day of public fasting and prayer' held two days before her delivery on 9 November.¹¹

Small wonder, given her numerous commitments, that Elizabeth periodically complained of illness, weakness and fatigue, which may in retrospect be linked to the fact that she was expecting a child. In the early stages of pregnancy in May 1751, for instance, she complained of being 'overcome with sickness, drowsiness and heaviness of soul' at the preaching, and a week later confessed to having been 'weak and weary ... even so as to fall asleep at prayer'.¹² Some months later, she reported 'bodily weakness' sufficiently severe to prevent her going to the preaching, but made no reference to her condition until 17 January, when 'finding my extremity drawing near, I retired to give myself up into the hands of my gracious God'.¹³

However, Elizabeth's last pregnancy when she was forty years old seems to have been significantly more troubled than its predecessors. During its early stages – throughout July and well into August 1764 – she suffered from an unspecified ailment which caused her 'very great' pain, and even 'for a time did expect that the Lord was about to call me away'. Although apparently recovered, she continued to complain of 'weakness and indisposition', and a second lengthy silence between November and January 1765 was 'filled up with a tedious and dangerous illness of body'.¹⁴ However, it was not until some weeks later that she revealed her condition: on 15 February, 'my time of trial being near', she reported 'some distressing thoughts from that quarter', and a few days later weakness 'in body and mind', prefacing the birth itself, which took place sometime in late February or early March.¹⁵

⁹ 13, 28 Oct. 1755, *Journal*, p. 118.

¹⁰ 12, 27 June, 26 Aug. 1755, *Journal*, pp. 116–18.

¹¹ 18, 19, 24 Aug., 7 Nov. 1755, *Journal*, pp. 117–19. The love feast was a simple communal meal, attended by band members only. The fast day on 7 Nov. was prompted by reports of the 'late dreadful and alarming earthquake' in Cork, and was intended 'to beseech the Lord that he would keep us from the hands of our enemies ... and turn away his threatening judgements from us'. News was not received of the much more serious earthquake in Lisbon until almost a month later (see 4 Dec. 1755, *Journal*, p. 119). The date of birth is recorded in the entry for 22 Nov. 1755, *Journal*, p. 119.

¹² 29 May, 5, 6 June 1751, *Journal*, pp. 67–8.

¹³ 5 Dec. 1751, 14, 17 Jan. 1752, *Journal*, pp. 75–6. Bennis's baby was born sometime between 17 Jan. and 1 Feb. 1751.

¹⁴ 22 July, 10, 17 Aug., 9, 16 Sept., 23 Nov. 1764, 12, 31 Jan. 1765, *Journal*, pp. 165–6, 168–71.

¹⁵ 15, 23 Feb. 1765, *Journal*, p. 171. The birth itself is reported in the entry for 14 March 1765, *Journal*, p. 171.

As the end of her pregnancy approached, Elizabeth placed her trust in God's protection, praying that her faith would survive the physical ordeal which lay ahead. So, 'finding my extremity drawing near', she retired 'to give myself up into the hands of my gracious God', pleading that he would 'Be present with me in my extremity, and suffer not the fierceness of my pain to draw my heart from thee, but make me patient and submissive under thy hand'.¹⁶ And with the risk of death in childbed looming large in her mind, she assessed her readiness for that eventuality:

My time of trial being near at hand, I have been examining myself concerning my state and ... think I see cause for rejoicing and much thankfulness. I know that my Redeemer liveth, I know that ... if he shall make this my entrance into an eternal state ... he will also finish his work in my soul before he calls me hence, and ... whether life or death, do find myself wholly resigned to his divine disposal.¹⁷

Elizabeth's acknowledgement of her pregnancy customarily heralded the announcement a few weeks later of her delivery, together with an expression of gratitude for having come safe, and with faith secure, through the experience. So, three weeks after the passage just quoted, she reported that

On the morning of the 9th day of this month the Lord showed his mercy to me, and made me the living mother of a living child. In the time of my extremity I found power to call upon the Lord in faith and received a gracious answer ... O my gracious God, let this life which thou hast spared be dedicated to thee and spent in thy service and to thy glory!¹⁸

Notwithstanding the strength which Elizabeth drew from her faith, the business of childbirth called for the more practical assistance provided by a midwife and by a relay of female relatives, friends and neighbours, who supported the woman during the birth itself and the subsequent lying-in period. Although the journal includes no reference to such attendants, Elizabeth's complaint during one confinement that she had been 'left but seldom alone' to enjoy the 'comforts' of religion suggests the presence of others,¹⁹ while several entries indicate the extent to which birth, death and sickness were communal dramas. Those present at Ann Beauchamp's sickbed, for instance, included servants, neighbours, fellow believers and friends such as Elizabeth herself, as well as Mrs. Beauchamp's husband, mother,

¹⁶ 17 Jan. 1752, *Journal*, p. 76.

¹⁷ 28 Oct. 1755, *Journal*, p. 118. On the incidence of maternal death, see Tait's chapter in this volume.

¹⁸ 22 Nov. 1755, *Journal*, p. 119.

¹⁹ 20 Apr. 1750, *Journal*, p. 64.

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sister and mother-in-law.²⁰ Olwen Hufton has noted the assumption that the labouring woman’s mother, if still alive, should be with her daughter at her delivery. Elizabeth herself seemingly lacked such support, and was on poor terms with her mother-in-law, who was also her aunt, and who might have supplied the place of her absent mother. However, when in due course her own daughter Eleanor was pregnant, Elizabeth took it for granted that her place was at her side, and four times during the early 1770s made the journey from Limerick to Waterford to assist at the birth of her grandchildren.²¹

With the delivery safely over, came the third and final stage of birth, the lying-in period. Ideally an opportunity for convalescence, in reality its duration varied according to the woman’s state of health and her economic circumstances. Laurel Thatcher Ulrich, in her edition of the late eighteenth-century journal of the Maine midwife Martha Ballard, suggests that ‘under normal conditions’ the mother kept to her chamber, if not her bed, for about a week before her ‘return to the kitchen’ signalled the conclusion of the process of childbirth.²² In Elizabeth’s case, the resumption of her journal ten to fourteen days after delivery may mark the return to her usual routine. However, in her own eyes a more significant milestone was her first time of ‘going abroad’ to Sunday worship, which generally occurred three to four weeks after the birth, and which is likely to have incorporated the formal ‘churching’ ceremony provided for in the Anglican rite.

This short service, initially devised as a purification ritual, was included in the 1552 *Book of Common Prayer* in a modified form, as a ‘thanksgiving of women after child-birth’. Intended to be read to the new mother ‘at the usual time after her delivery’, it began with an acknowledgement of God’s goodness for her preservation ‘in the great danger of Child-birth’, continued with a reiteration of her faith as a Christian and ended with a blessing, an offering and the taking of Holy Communion.²³ Certainly,

²⁰ 17, 18, 19, 20 Aug. 1753, *Journal*, pp. 93–6.

²¹ On mothers’ place at their daughters’ deliveries, see O. Hufton, *The Prospect before her: a History of Women in Western Europe, 1500–1800* (1995), p. 182. On Elizabeth’s relations with her mother-in-law, see R. Raughter, “‘Let heart and pen flow together to the glory of God’: faith, family and endeavour in the journal and correspondence of Elizabeth Bennis”, in *Journal*, pp. 27–57, at p. 48 and n. 102, p. 293. On Elizabeth’s presence at her daughter’s confinements, see 25 March, 11 May 1770, 17 Apr. 1771, 17 July, 13 Aug. 1772, 17 Feb. 1774, *Journal*, pp. 220, 223, 230, 238–9, 254.

²² L. T. Ulrich, *A Midwife’s Tale: the Life of Martha Ballard, Based on her Diary, 1785–1812* (New York, 1991), p. 189.

²³ ‘The thanksgiving of women after child-birth, commonly called the churching of women’, in *The Book of Common Prayer* (Dublin, 1960), pp. 271–2; *The New SCM Dictionary of Liturgy and Worship*, ed. P. F. Bradshaw (2002), pp. 117–19; Hufton, *Prospect before her*, p. 189.

Elizabeth herself regarded her attendance at church as marking her return to the community of faith following her enforced absence, and as an opportunity to express publicly the gratitude which she had already offered privately in her prayers and in her journal. Thus, having given birth in mid May 1757, on Sunday 7 June she recorded 'my heart much affected this morning under a thankful sense of the goodness of God to me in bringing me again in health and safety to the public worship'.²⁴ And on Sunday 7 April 1765, about a month after her delivery, she 'went abroad for the first time, and waited upon the Lord at his table. Found my heart thankful, and my soul humbled in the dust ... My Jesus was precious as my redeemer and my saviour'.²⁵

On the evidence of the journal, Elizabeth was relatively fortunate in her experience of childbirth, but a successful delivery and even an uneventful lying-in offered no immunity to a variety of dangers. Foremost among these was the threat of illness in either the mother or her child. On at least two occasions Elizabeth herself was the sufferer. In January 1756, two months after giving birth, she reported being 'very ill in body'. On 8 February she disclosed the nature of her 'disorder' – 'a sore breast (which above all things I have much dreaded)' – and she continued to complain of pain for two more weeks until on 18 February the abscess in her breast 'broke'.²⁶ Two years later, having given birth on 19 September, she succumbed to an unspecified ailment, which confined her to home and prevented her from writing in her journal for most of October.²⁷ Her misery on this occasion was compounded by grief at the loss of her two-week-old baby, the only one of her children to die so soon after birth. Though claiming 'a resigned will and a thankful heart for so tender a chastisement', she also recorded 'much deadness of soul', as well as pain of body, 'and a hardness of heart which I can only feel, but not express'.²⁸ By early November she had recovered physically, but her mental turmoil continued for several more weeks: 'beset by an angry spirit', she found no comfort even in meetings with her class, and did not recover her customary energy until the beginning of the New Year.²⁹

As a committed Christian, in theory Elizabeth viewed the prospect of her children's deaths with equanimity. So, with her younger daughter 'to all appearance near death', she examined her heart and

²⁴ 5 June 1757, *Journal*, p. 134.

²⁵ 7 Apr. 1765, *Journal*, p. 171.

²⁶ 17 Jan., 8, 16, 18 Feb. 1756, *Journal*, pp. 121–2.

²⁷ 1, 10 Oct., 1 Nov. 1758, *Journal*, pp. 142–3.

²⁸ 7, 10 Oct., 1 Nov. 1758, *Journal*, pp. 142–3.

²⁹ 18 Nov., 9, 25 Dec 1758, *Journal*, p. 143.

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Have not found either impatience or dissatisfaction at the dealings of God with me, but an entire submission to his will, even when under the tenderest feelings and inexpressible rendings of heart at the prospect of my child’s death. I could not, nor cannot, ask her life lest I should ask contrary to his will, but was enabled to present myself and child at his feet as a sacrifice to his will, beseeching him that his whole will might be done on me and mine, though it should cost my heart’s last drop of blood, and still I think this is the desire of my soul.³⁰

Such heroic resignation, however, was more difficult to achieve in practice. Of the ten children born between 1748 and 1765, six died. This was a considerably higher proportion than the mortality rate of between a quarter and a third cited by Connolly for children up to the age of fifteen.³¹ However, the discrepancy may be partly accounted for by the fact that all six died under the age of five, and thus fell into the most vulnerable category. Moreover, the family lived at the heart of a teeming port city, subject to periodic and virulent epidemics, and Elizabeth’s frequently voiced fear of illness, though sometimes disproved by events, was not without foundation. In October 1751, for example, she noted one of her children ‘well recovered from the smallpox, whilst numbers, young and old, have been taken by the same disorder’.³² In subsequent epidemics the family was more severely affected, and at least three of the Bennis children did die of smallpox, two in 1756 and another in 1760.

Elizabeth’s reaction to these losses provides yet another rebuttal of Lawrence Stone’s much-contested view that affective relations between early modern parents and their children were relatively weak. Successive critiques of Stone’s argument have suggested that the majority of parents at this period were in fact ‘concerned about, involved with and affectionate towards their children ... even if changing conventions sometimes affected how their love and concern were shown’.³³ Connolly, in an examination of early eighteenth-century Irish family life, adduces a number of examples to suggest that ‘the companionate marriage and a close emotional involvement

³⁰ 19, 25 Sept. 1770, *Journal*, pp. 227–8.

³¹ S. Connolly, ‘Family, love and marriage: some evidence from the early 18th century’, in *Women in Early Modern Ireland*, ed. M. MacCurtain and M. O’Dowd (Dublin, 1991), pp. 276–90, at p. 285.

³² 14 Oct. 1751, *Journal*, p. 73.

³³ *Childhood in Question: Children, Parents and the State*, ed. A. Fletcher and S. Hussey (Manchester, 1999), pp. 1–14, at p. 3; L. Stone, *The Family, Sex and Marriage in England, 1500–1800* (1977), pp. 254–99. Critics of Stone include A. MacFarlane, ‘Review of *The Family, Sex and Marriage in England, 1500–1800*, by Lawrence Stone’, *History and Theory: Studies in the Philosophy of History*, xviii (1979), 103–26, at pp. 107–10; S. Ozment, *Ancestors: the Loving Family in Old Europe* (Harvard, Conn., 2001); and L. Pollock, *Forgotten Children: Parent-Child Relations from 1500 to 1900* (Cambridge, 1983), pp. 1–67.

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between parents and their children seem to have been well established in Ireland at a time when, according to some accounts, they were only beginning to emerge in the upper levels of English society'.³⁴

Elizabeth's grief for her dead children offers telling support for this thesis: despite her fear that 'in the grief that nature feels, there should be sin',³⁵ she was unable to achieve the resignation to which she aspired, and with each death struggled to reconcile obedience to God's will with her feelings as a mother. In 1753, for instance, following the death of one daughter and with another dangerously ill, she sought grace 'to bear thankfully' the sufferings ordained for her, but admitted the impossibility of casting off all earthly affections:

It is my desire that the Lord should deal with me according to his own good pleasure, yet find I have not strength to bear the worst. It is my desire that the Lord should now take this child also, rather than that she should not live to his glory, choosing to be childless rather than rear a child for hell, yet ... find nature shrink at the thought of losing my only child. Indeed, I find a continual struggle between nature and grace.³⁶

In this instance the child survived, but three years later, in October 1756, Elizabeth encountered a new trial. On 29 October one of her children developed smallpox, and two days later another fell ill. Her initial reaction was exemplary:

At first I was something alarmed but, casting myself before the Lord, I received strength and power and comfort from him, and was enabled to give up my two children to him without any reserve. My soul was filled with comfort, so that I could not help praising God for my afflictions, neither could I pray for the life of my children, my will being wholly resigned ... to the will of my God.³⁷

However, when one of the children died a week later, Elizabeth was unable to find solace in her faith:

I went with a heavy heart to the table of the Lord, seeking a blessing, but ... came away heavy and dead ... The loss of my child is ever before me, and the grief of my husband strikes to my very soul, whose heart was pent up in this child, being his first, and only son. I can truly say if one wish would bring him back, I would not bestow it on him contrary to the will of my heavenly Father, yet I find something in my heart with which I am not satisfied.³⁸

³⁴ Connolly, 'Family, love and marriage', p. 288.

³⁵ 20 Apr. 1753, *Journal*, p. 90.

³⁶ 13 May 1753, *Journal*, pp. 91–2.

³⁷ 31 Oct. 1756, *Journal*, p. 129.

³⁸ 7 Nov. 1756, *Journal*, p. 129.

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Worse was to come, as she recorded a few days later:

The Lord has now taken away my other child also – two out of three in one week! Yet I know it is for good, and would not have his will reversed. He has graciously left me one child still, and many other comforts in life. O, that I could be thankful for this, and all his gracious dealings with me! O my God ... sanctify this my affliction to my soul ... that I may have power to serve thee aright in loving obedience to thy will.³⁹

Despite such protestations, this ‘double stroke’ left Elizabeth in turmoil. Succeeding journal entries record her ‘trouble of soul’ and ‘peevishness of spirit’, and her wretchedness is palpable in her entry for Christmas Day: ‘I met this morning ... with the people of God to praise the Lord for his love to man ... I endeavoured to lift my heart and keep it stayed upon God ... but all in vain. I cannot, cannot pray ... O Lord, what shall I do?’⁴⁰ Two years later, when smallpox struck two more of her children, she ‘found power to thank my God for the life of ... one ... and for the death of the other’, but subsequent entries record her anguish and spiritual agony as she struggled to reconcile herself to the tragedy and to recover her trust in God. ‘My heart still cold and dead’, she wrote, and a few weeks later: ‘my soul groans earnestly ... to be delivered out of this cold, wintry state ... I cannot keep one good resolution, but am continually borne down by the current’.⁴¹ On this occasion, indeed, her grief seems to have precipitated some sort of collapse and an inability or unwillingness to record her feelings: less than two months after her child’s death the journal fell silent and, except for a single entry in 1762, was not resumed until May 1763.

Elizabeth’s God had two opposing faces: on the one hand, jealous, demanding and vindictive, capable of resenting a mother’s grief for her dead infant and of making a sick child ‘perhaps an innocent sufferer’ for a parent’s sin;⁴² on the other hand, he was an infinitely generous, merciful and loving father, whose solicitude for his children offered a paradigm of parental care. So, describing her alarm when one of her young sons accidentally wandered away from home and her relief when he was safely returned, Elizabeth reflected:

Thus it is oft times with the children of God: this little one went about his lawful occasions and by his father’s commands ... yet had like to suffer by going too far. And ... finding my heart pained and yearn over the child, I thought

³⁹ 12 Nov. 1756, *Journal*, p. 130.

⁴⁰ 25 Dec. 1756, *Journal*, p. 131. On Elizabeth’s unhappiness at this time, see entries for 17, 23 Nov., 3, 18, 21 Dec. 1756, *Journal*, pp. 130–1.

⁴¹ 30 Apr., 12 May, 1 June 1760, *Journal*, pp. 148–9.

⁴² 2, 19 June 1763, 10 Nov. 1770, *Journal*, pp. 153–4, 228. See also entry for 12 March 1755, *Journal*, p. 115.

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what yearnings are there in the heart of God over the dear child of his who, not wilfully but childishly or ignorantly, strays ... From what I then felt toward my child, I had some faint idea of the tenderness of God towards his, and how often I had grieved his spirit by such strays as these.⁴³

This and similar episodes leave little doubt of Elizabeth's attachment to her children, both in infancy and in later life. Despite frequent admissions of impatience and irritability,⁴⁴ she was clearly a devoted parent, to the extent, indeed, of fearing that her husband and children were 'idols', usurping a love which should have been God's alone. However, following a prolonged campaign of prayer on the issue, she satisfied herself that, while her family

Retain my affection, they do not engross that part that belongs to God. I know, and feel, that I love my husband and children with the most tender affection, and more so than I have ever done before, but my heart is given to God ... To him and for him I give all up, and take him for my all.⁴⁵

In reality, the resolution of this spiritual dilemma seems to have entailed no alteration in Elizabeth's relations with her children. On the evidence available, Mitchell was both an engaged and an affectionate father – indeed, he may on occasion have mitigated some of his wife's more doctrinaire views, intervening, for instance, when she reproved one of the children for 'a breach of the Sabbath',⁴⁶ and insisting on the inoculation of another in the face of her 'many conflicts and much uneasiness of mind' on the subject.⁴⁷ Nevertheless, the journal reveals Elizabeth as playing at least an equal and sometimes a dominant role in family decision-making, though not without some concern at assuming 'a part which does not belong to me, and which is, indeed, very grievous to me'. As Elizabeth tells it, this course of action was forced on her by Mitchell's 'extravagance and bad management' in business, which had already resulted in very substantial losses and which, she feared, might 'be the ruin of him and his family'. Despite the seriousness of the situation, however, she professed herself unwilling to act without assurance of divine approval, but having satisfied herself of this, she resolved to 'come out of her place, and take many things upon me which would otherwise be neglected' in order to protect her children's interests.⁴⁸

⁴³ 27 Jan. 1768, *Journal*, pp. 199–200.

⁴⁴ 13 Aug. 1751, 7 Feb., 12 March, 21 June 1755, 21 March, 9 Oct. 1756, 30 Apr. 1770, 6 May 1771, 5 Dec. 1778, *Journal*, pp. 71, 111, 115–16, 122, 128, 222, 231, 281.

⁴⁵ 19 June 1763, *Journal*, p. 154. See also 2 June 1763, 16 Oct. 1765, *Journal*, pp. 153, 174–80.

⁴⁶ 12 Aug. 1764, *Journal*, p. 165.

⁴⁷ 8 Apr. 1760, *Journal*, p. 148.

⁴⁸ 10 Aug. 1770, *Journal*, p. 226. On Mitchell's conduct of business and his financial affairs, see Raughter, "Let heart and pen flow together", pp. 49–51.

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Details of Elizabeth’s involvement on this occasion are not provided, but her role in other important family concerns is better recorded. In September 1768, for instance, she confided to her journal her unease about ‘a particular temporal affair’ which she went on to lay before the Lord, ‘desiring to be directed by him, and beseeching his gracious interposition either to forward or frustrate it as he shall see best’.⁴⁹ This was the betrothal of her elder daughter, Eleanor, to Jonas Bull of Waterford, which, judging by Elizabeth’s reference to ‘fears, distress, anxious cares’ and ‘paternal conflicts’, was a source of some controversy within the family.⁵⁰ The point, however, is that it appears to have been Elizabeth rather than her husband who favoured and forwarded the marriage, which took place on 3 November 1768. A few weeks later she returned to the subject:

I know it was lawful for me to marry my daughter, and was enabled through the whole of this affair to submit it entirely to the Lord, beseeching him if it was not agreeable to his will that he would frustrate it, and in all my transactions about it have endeavoured to act agreeable to my profession and with an eye to the will and glory of God, yet could not help a constant agitation of mind ... so that I found need continually to cry to the Lord for help and succour.⁵¹

In fact, the hint of anxiety in this entry was well founded: Bull proved to be a tyrannical husband, and the revelation of her daughter’s unhappiness caused Elizabeth great distress and ongoing anxiety.⁵² Nevertheless, the affair does reveal her as having at least an equal voice on an issue of considerable importance within the family. It was she, too, who on one of her visits to Waterford made arrangements to have Thomas apprenticed there, once more deriving her authority from her assurance of divine approval:

I have for some time past been asking of the Lord to direct me in the choice of a business and place for my eldest son and requesting that he would point out my way in this matter and, from every circumstance which has attended it, I think the Lord has interposed and directed me. A place offered here: I brought him with me, and have put him to business here.⁵³

Elizabeth was also able to make her feelings known when she and her husband clashed over the education of their second son, Mitchell wishing to have him ‘bred a scholar’, Elizabeth opposing this, ‘as I have an entire

⁴⁹ 26 Sept. 1768, *Journal*, p. 202.

⁵⁰ 4, 17 Oct., 25 Nov. 1768, *Journal*, pp. 202–3.

⁵¹ 25 Nov. 1768, *Journal*, pp. 202–3.

⁵² 8, 9, 17, 21 Sept. 1772, 17 Jan. 1774, 10 Feb. 1775, *Journal*, pp. 241–2, 244, 254, 263.

⁵³ 5 Aug. 1772, *Journal*, p. 239.

dislike to the law from the dishonesty of its professors, and would not have him thrust into the church except he was called of God to it'.⁵⁴ Ultimately, in what was probably a compromise with his wife's strong views in the matter, Mitchell proposed sending Henry to Kingswood, the Methodist boarding school near Bristol, and Elizabeth concurred, 'much depressed' by the separation from her son, but convinced that 'the thing is of God'.⁵⁵ Nevertheless, when Henry unexpectedly arrived home, 'a poor, starved, dejected figure', having run away from school 'on account of the ill-treatment he received' there, Elizabeth set aside her 'disappointment' and her customary devotion to all things Wesleyan to engage in a vigorous correspondence with 'the masters' at Kingswood in her son's defence.⁵⁶

As her children grew to adulthood, Elizabeth maintained her involvement in their lives. When Eleanor married and left home, she missed her sorely, worried about her welfare and that of her children, and looked forward to visiting her in Waterford.⁵⁷ Having established Thomas in an apprenticeship, she kept herself informed of his progress, worried about his health and fretted that he might succumb to 'the many follies youth is subject to'.⁵⁸ Some years later, when he returned to Limerick to set up in trade on his own account, she was happy to find herself 'busily employed day and night, assisting my son in his business', thanking God 'for having it to do, and for a measure of health to enable me to do it'.⁵⁹

Predictably, however, Elizabeth's paramount concern as a mother was for her children's spiritual welfare. 'I desire', she wrote,

Not riches, grandeur or popularity, or the favour of this world for them. I desire [God's] grace as their best portion, his friendship as their inheritance and whatever portion of this world he is pleased to allot them ... Only let them have his blessing with it, that he would ... save them eternally that I might meet them at his own right hand in glory.⁶⁰

⁵⁴ 1 Sept. 1774, *Journal*, pp. 258–9.

⁵⁵ 1, 28 Sept., 17 Nov. 1774, *Journal*, pp. 258–60.

⁵⁶ 15 Aug., 3 Sept., 21, 28 Nov. 1777, *Journal*, pp. 275–7.

⁵⁷ On Elizabeth's wish to see her daughter, see 12, 30 Sept., 3 Nov. 1769, *Journal*, pp. 212, 214. On her visits to Waterford, see entries for 11 Nov. 1769–9 Jan. 1770, 31 March–3 June 1770, 25 Apr.–8 July 1771, 17 July–9 Sept. 1772, 22 Dec. 1773–22 March 1774, *Journal*, pp. 214–19, 221–4, 230–3, 238–42, 252–5.

⁵⁸ 9 Aug. 1773, *Journal*, pp. 250–1.

⁵⁹ On Elizabeth's concern for Thomas, see entries for 16, 21 Aug., 29 Nov. 1772, 7, 18 June, 9 Aug. 1773, 29 May, 3, 20 July 1774, 10 March 1776, *Journal*, pp. 239–40, 245, 250–1, 256–8, 266. On her involvement in Thomas's business, see 2 Apr., 29 May, 5 July, 5 Sept. 1778, *Journal*, pp. 279–81.

⁶⁰ 16 Jan. 1775, *Journal*, p. 262.

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In the short term – that is, within the span of time covered by the journal – none of Elizabeth’s immediate family adopted her faith. To her credit, and despite professedly ‘choosing to be childless rather than rear a child for hell’,⁶¹ she seems to have resisted the temptation to compulsion, trusting instead to constant and heartfelt prayers for her children’s conversion. When Eleanor was reported seriously ill in 1776, she ‘found it hard to give her up, and harder still to resign her in an unconverted state ... Indeed’, she continued,

The unchanged state of my husband and children is a continual weight upon my heart. I have a degree of dependence on the Lord that he will save them all but am often discouraged through delay ... But I will still trust in the Lord for this and for strength and grace to suffer all his will.⁶²

In fact, the only one of her children to give her momentary cause for hope during this period was her younger son Henry, whose ‘deeply serious’ demeanour following his precipitate departure from Kingswood ‘made me willing to forget all the trouble and sorrow I have had ... and gives me hopes that the Lord will visit the souls of my other children also’.⁶³ Henry’s conversion, however, was not lasting: within a few months, Elizabeth was saddened to observe him ‘growing slack in the service of God’, and a few weeks later was ‘sore pained’ to discover that he had left the Methodist Society.⁶⁴

In the event, all of Elizabeth’s children did find and follow their own routes to holiness, two of them at least within Methodism: Eleanor as ‘the godly’ Mrs. Bull of Primitive Wesleyan record, Thomas as a member of the Methodist community in Philadelphia and as the editor of his mother’s correspondence with John Wesley and other preachers, and Henry within the Society of Friends.⁶⁵ Although little is known of the youngest child, Elizabeth, a friend, writing in 1790, specifically congratulated the elder Elizabeth on seeing ‘all your children with their faces Zion-ward’, suggesting that this daughter, too, had come to share some measure of her mother’s faith.⁶⁶

Conclusion

Elizabeth Bennis’s journal is above all, as she intended it to be, the record of a spiritual odyssey, and is typical of this genre in its highly charged

⁶¹ 13 May 1753, *Journal*, pp. 91–2.

⁶² 6 Feb. 1776, *Journal*, p. 266.

⁶³ 28 Nov. 1777, *Journal*, p. 277.

⁶⁴ 1 March, 13 Apr. 1778, *Journal*, pp. 278–9.

⁶⁵ Cooney, ‘Elizabeth Bennis’, pp. 24–5; Dublin, Society of Friends Historical Library, R65/20, Bennis genealogy.

⁶⁶ John Stretton, Harbours Grace, to Elizabeth Bennis, 18 Dec. 1790 (Wesley, *Christian Correspondence*, p. 220).

Pregnancy, childbirth and parenting in the spiritual journal of Elizabeth Bennis emotionality, in its conventionalized narrative, and in its focus on matters of faith and disregard of the mundane. But, as Sheila Wright has noted of early Quaker women's spiritual journals,

While the majority ... can be read as conversion narratives which generally focus on the women's spiritual life, their struggles with hostile external authorities, and their progress to enlightenment ... many did include domestic details and advice as to how to deal with the conflicting commitments of family and home and the need to serve God.⁶⁷

So it is that embedded in Elizabeth's account is a wealth of information, which opens a window on to the daily life and inner consciousness of a non-elite woman in eighteenth-century Ireland, and the domestic and social worlds which she inhabited. Much of this material must be deduced from Elizabeth's oblique references, and much remains unspoken. One would welcome, for instance, more information on the physical facts of birth, health and illness, on birth control, on breast-feeding and wet-nursing, and on education, particularly female education. On the other hand, this account offers a rigorously, indeed painfully honest dissection of parent/child relations, revealing Elizabeth's negative as well as positive feelings towards her offspring. Appropriately, given the nature of the source, the interaction between faith and family feeling is a persistent theme. If divine love was a template for parental attachment and a support in time of tragedy, it also created conflict: the total resignation demanded was not easily achieved, and the sense of failure when 'nature and grace' did not coincide was clearly acute. At the same time, while Methodism authorized – indeed, demanded – autonomous action abroad in the service of faith and morality, it also, in this instance at least, justified greater assertiveness at home, in what Elizabeth believed to be her family's best interests.

'I have now a more intimate knowledge of you', wrote John Wesley after reading some of Elizabeth's writings. 'I enter more into your spirit, your tempers, and hopes and fears, and desires; all which tend to endear you to me'.⁶⁸ Elizabeth Bennis's journal provides a study of one woman's experience of pregnancy, of childbirth and of parenthood over almost three decades. As such, it is a valuable addition to the slender body of documentation on such

⁶⁷ S. Wright, "'Truly dear hearts': family and spirituality in Quaker women's writing, 1680–1750", in *Women, Gender and Radical Religion in Early Modern Europe*, ed. S. Brown (Leiden, 2007), pp. 97–116, at p. 100. On the significance of women's spiritual narratives as autobiography, see D. B. Hindmarsh, *The Evangelical Conversion Narrative: Spiritual Autobiography in Early Modern England* (Oxford, 2005), p. 173 and *passim*.

⁶⁸ John Wesley to Elizabeth Bennis, 24 July 1769 (Wesley, *Christian Correspondence*, p. 27).

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topics in the early modern period. It is also a reminder of the need for an inclusive and imaginative approach to the search for evidence in recreating the history of women and of family life.

5. Birth and death in nineteenth-century Dublin's lying-in hospitals

Julia Anne Bergin

Institutionalized childbirth was introduced into Ireland by the surgeon Bartholomew Mosse in 1745 with the establishment of Ireland's first lying-in hospital, the Dublin Lying-in Hospital, located on George's Lane in the city.¹ As many as thirteen lying-in institutions in Dublin offered midwifery care at various times during the nineteenth century.² Two modern institutions, the Dublin Lying-in Hospital, now known as the Rotunda Maternity Hospital, and the Coombe Lying-in Hospital, now the Coombe Women and Infants University Hospital (established in 1826), survive from that period. These two lying-in institutions are the focus of this chapter.

Eighteen per cent of births in Dublin in 1851 took place in lying-in hospitals. The remainder occurred in women's homes and workhouses. The 1851 population census states that the number of lying-in women accommodated in Dublin's workhouses on census night was twice the number accommodated in the lying-in hospitals. Each year, several women also gave birth in the prisons and the Westmoreland Lock Hospital.³ But

¹ It transferred to its present location in Parnell Square in 1757 and continues to provide midwifery, gynaecological and neonatal care in Dublin. Recent research from the 'Cradle to the grave: life-cycles in modern Ireland' project at the University of Limerick suggests that the institutionalization of childbirth in rural areas progressed at a much slower pace than in urban areas.

² Bartholomew Mosse's career and the history of the Rotunda Lying-in Hospital have been the subject of several historical studies (see T. P. Kirkpatrick and H. Jellett, *The Book of the Rotunda Hospital: an Illustrated History of the Dublin Lying-in Hospital from its Foundation in 1745 to the Present Time* (1913); I. C. Ross, 'The early years of the Dublin Lying-in Hospital', in *Public Virtue, Public Love: the Early Years of the Dublin Lying-in Hospital*, ed. I. C. Ross (Dublin, 1986), pp. 9–52; *Masters, Midwives and Ladies in Waiting: the Rotunda Hospital 1745–1995*, ed. A. Brown (Dublin, 1995); M. O'Doherty, 'Old Rutland Square', in *Borderlands: Essays on Literature and Medicine in Honour of J. B. Lyons*, ed. D. Coakley and M. O'Doherty (Dublin, 2002), pp. 27–43; *Dublin 1745–1922: Hospitals, Spectacle and Vice*, ed. G. A. Boyd (Dublin, 2006)).

³ J. A. Bergin, 'Childbirth and midwifery in 19th-century Dublin, 1850–1900' (unpublished National University of Ireland, Maynooth PhD thesis, 2009), pp. 347–8. The pioneer of nursing and modern hospital design, Florence Nightingale, convincingly argued that the second safest

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institutionalized childbirth was not necessarily safer for women than domiciliary childbirth during this period. This chapter examines births and maternal deaths in the Rotunda Maternity Hospital and the Coombe Lying-in Hospital from the perspective of mothers and female midwives. It argues that mean mortality rates and the misclassification of the causes of death were used to camouflage poor midwifery practice.

Midwifery services in Dublin, c.1800–60

The chief medical and midwifery practitioner in a lying-in hospital, then and now, is the master. Together with a board of governors, the master administered the hospital, directed midwifery care and took responsibility for education. The mastership was an expensive office in the Dublin Lying-in Hospital (hereafter the Rotunda). Governors were appointed either for life or on an annual basis and it was expected that a man applying to become an annual governor would subscribe ‘bed money’ at the time of his application and annually thereafter.⁴ Fluctuations in subscription payments were commonplace, with a noted increase during the year before the election of a new master, a practice intended to influence the outcome of the election.⁵ In return for electoral support, bed money owed by governors, or due for payment by governors elect, was paid by candidates for the mastership. This subtle method of purchasing the mastership ensured that only men of means might hope to fill one of the most prestigious obstetric posts in the British and Irish Isles. In addition to the professional and social status that the office of master in the Rotunda bestowed on the incumbent, the substantial fees paid by male and female pupil midwives were for his personal use.⁶ The governors, for their part, enjoyed membership of an exclusive club where they could mingle freely with the leading citizens of the metropolis and where they were favourably positioned to influence the awarding of valuable contracts for hospital services and provisions.⁷

place for an English woman to give birth after her home was the ‘better class of workhouse lying-in ward’ (see F. Nightingale, *Introductory Notes on Lying-in Institutions Together with a Proposal for Organising an Institution for Training Midwives and Midwifery Nurses* (1871), pp. 70–1). It is regrettable that no records of childbirth survive for Dublin’s workhouses, which might reveal if this experience was replicated for Irish women. The workhouse became an increasingly popular place to give birth during the second half of the 19th century (see D. McLoughlin, ‘Workhouses’, in *Field Day Anthology of Irish Writing*, v, ed. A. Bourke, S. Kilfeather, M. Luddy, M. McCurtain, G. Meaney, M. Ní Dhomhnaigh, M. O’Dowd, and C. Wills (Cork, 2002), 722–35, at p. 723).

⁴ Report from the Select Committee on Medical Charities, Ireland, 1843 (Parl. Papers 1843 [C 412], x), p. 200 (hereafter ‘Select Committee, 1843’).

⁵ ‘Select Committee, 1843’, p. 20.

⁶ T. P. C. Kirkpatrick, ‘The Coombe Lying-in Hospital, 1826–1926’, *Dublin Journal of Medical Science*, ix (1926), 393–403.

⁷ ‘Select Committee, 1843’, p. 41.

The Coombe Lying-in Hospital (hereafter the Coombe) was a much less prestigious institution than the Rotunda in the first half of the nineteenth century, and for many years the post of master there remained vacant.⁸ It was significantly less well supported by charitable donations than the Rotunda and consequently relied on income from pupils and assistant masters' fees to keep the hospital functioning.

Most of the other eleven lying-in institutions in Dublin were privately owned and were generally attached to private medical schools. Their main function was to allow medical students (then all male) to acquire the midwifery skills essential for general practice at a time when medical practitioners offered a mixed range of services.⁹ Training in the privately owned lying-in hospitals was allegedly on a par with that provided in the Rotunda and the Coombe hospitals.¹⁰ Midwifery training, as distinct from midwifery care in the small lying-in hospitals, was unlikely, however, to have conformed to minimum standards of the day since the number of lying-in women was usually insufficient to allow pupil midwives to acquire much more than a rudimentary level of midwifery skill.¹¹ The standard of accommodation was similarly suspect in the private lying-in hospitals.¹² Immediately before its closure, the last remaining private institution was described as having:

not the least pretension to be called a public hospital; it is simply a house, consisting of a number of very dirty rooms, some only of which have beds, and of which the other furniture is very scanty and unfitting. For this so-called accommodation, the women received into the house pay the sum of *five schillings* [*sic*] to the proprietor master!¹³

⁸ D. J. Corrigan in evidence to the 'Select Committee, 1843', p. 1.

⁹ J. Fleetwood, *The History of Medicine in Ireland* (2nd edn., Dublin, 1983), pp. 191–200. The first private medical school was established by Sir Philip Crampton in 1804. Several of the schools changed names and addresses during their life-time and several amalgamated over the course of seven decades. I am grateful to the late Dr. Fleetwood for giving me access to unpublished research he conducted into small lying-in hospitals attached to medical schools.

¹⁰ See, e.g., T. E. Beatty, 'First report of the New Lying-in Hospital for the year 1834', *Dublin Journal of Medical Science*, viii (1836), 66–96, at p. 66; T. E. Beatty, 'Second report of the South-Eastern Lying-in Hospital, 12 July 1835–31 Aug. 1837', *Dublin Journal of Medical Science*, xiii (1838), 273–313, at p. 303; F. Churchill, 'Second medical report of the Western Lying-in Hospital and Dispensary, 31 Arran Quay', *Dublin Journal of Medical Science*, xiii (1838), 233–49. See also *Freeman's Journal*, 2 May 1835.

¹¹ *Thom's Irish Almanac and Street Directory* (Dublin, 1850), pp. 272, 273–4, 409–11, 641.

¹² See Beatty, 'First report', p. 66; Churchill, 'Second medical report', pp. 233–49; S. Cusack, 'Report of the Wellesley Female Institution', *Dublin Hospital Report*, v (Dublin, 1830), 494–524; J. Ringland, *Annals of Midwifery in Ireland* (Dublin, 1870), p. 21, also published in *Dublin Quarterly Journal of Medical Science*, xcvi (1870), 237–65.

¹³ Report of the Dublin Hospitals' Commission, 1855 (Parl. Papers 1856 [C 2063], xix), p. 23 (hereafter 'Dublin Hospitals' Commission, 1855') (emphasis in the original).

Despite these shortfalls, the incidence of maternal mortality reported in contemporary medical journals for the private lying-in hospitals is stated to have been similar to that in the Coombe and Rotunda hospitals. Maternal mortality was in the main caused by infection and rates in each of the two hospitals fluctuated widely in the mid to late nineteenth century from a high of eighty-two maternal deaths per 1,000 deliveries in 1862 to a low of six maternal deaths per 1,000 deliveries in 1884.¹⁴ A military hospital on Montpellier Hill, known as the Dublin Hospital for the Wives and Children of Soldiers Serving in Ireland, also offered internal midwifery care to soldiers’ wives from 1861 to about 1888.¹⁵ It was claimed that the military hospital was the safest institution in which to deliver as there were no reported deaths among the 873 women who gave birth in the hospital from 1873 to 1883.¹⁶ This claim, however, cannot be validated and as will become clear later in this chapter, maternal statistics from the nineteenth century cannot be taken at face value.

The Board of Superintendence of Dublin Hospitals was set up in the wake of the Dublin Hospitals’ Act (1856) and was authorized to monitor clinical and administrative activity in hospitals in receipt of Parliamentary funding. From that time, the once autonomous lying-in hospitals were obliged to account for their clinical practice and to submit statistical returns annually to the BSDH. Dr. Denis Phelan, an experienced and possibly parsimonious doctor, was secretary of the newly founded board at the time that he published the maternal mortality statistics for the period 1857 to 1864 (Table 5.1).¹⁷

Phelan was keen to highlight to his fellow medical practitioners and his employers that not only was extern midwifery care more cost effective but that fewer women died than in the intern service. During this period, the Coombe had an extensive extern and a small intern service. The maternity statistics that it submitted certainly appear to verify Phelan’s opinion. Evidently, however, Phelan’s argument fell on deaf ears in the Rotunda, where the administrators persisted in refusing to develop its extern service. The midwifery service at the Rotunda was principally an intern service and

¹⁴ Bergin, ‘Childbirth and midwifery’, p. 360.

¹⁵ Bergin, ‘Childbirth and midwifery’, pp. 111–37, 296–334. This military hospital ceased to operate as a lying-in hospital c.1888, after which the wives of soldiers were cared for during childbirth until c.1913 in Dr. Steevens’s Hospital.

¹⁶ Searches of the military archives in The National Archives of the UK in Kew, records in Saint Brigan’s Hospital, Dublin, the military archives in Cathal Brugha Barracks, Rathmines, and the National Archives of Ireland produced little information about the Dublin Hospital for the Wives and Children of Soldiers Serving in Ireland.

¹⁷ An Act for the Better Regulation of the House of Industry Hospitals and Other Hospitals in Dublin Supported Wholly or in Part by Parliamentary Grants (19 and 20 Vict., c. 110).

Birth and death in nineteenth-century Dublin's lying-in hospitals

Table 5.1. Births and maternal mortality in the Rotunda
and Coombe for seven years ending March 1864

Hospital	Intern births	MMR* among intern cases	Extern births	MMR among extern cases
Rotunda	8,224	1:32	617	1:62
Coombe	3,142	1:70	4,473	1:223

* Maternal mortality rate.

Source: D. Phelan, 'Observations on the comparative advantages of affording obstetric attendance on poor women in lying-in hospitals and in their own homes', *Dublin Quarterly Journal of Medical Science*, lxiii (1867), 71–5.

its maternal mortality rate was three and a half times higher than that of the Coombe. The authorities in the Coombe had little choice but to continue to focus on the hospital's extern service because of the limited accommodation in the building. Until the hospital was refurbished and extended in 1877, it was not unknown for two women to share a bed.¹⁸

Admission and accommodation

Lying-in hospitals were promoted as safe places for poor women 'great with child', who 'by the sickness, death, absence, neglect or extreme poverty of their husbands' were in need of 'covering, lodging and sustenance' during childbirth.¹⁹ On admittance, a woman was required to be 'as clean in her clothes, as her circumstances will allow, and free from vermin' as well as from venereal disease.²⁰ Workhouse residents were not admitted, unless in great distress during a complicated labour.²¹ Apart from emergencies, the admission process in the Rotunda began when a pregnant woman requested an admission ticket from the porter at the hospital lodge. Her name and address were recorded, after which she sought recommendation for admission from a clergyman, hospital governor or 'responsible citizen'.²²

¹⁸ *The Charter and Bye-Laws of the Coombe Lying-in Hospital* (Dublin, 1867), p. 39.

¹⁹ *The Charter of the Rotunda Lying-in Hospital* (Dublin, 1756), p. 3.

²⁰ Certificate of admission to the Rotunda Lying-in Hospital, 17 Jan. 1759 (in Kirkpatrick and Jellett, *Book of the Rotunda Hospital*, p. 38). For a fuller account of eligibility for admission and an understanding of charity in the 18th century, see Ross, 'The early years', pp. 32–7.

²¹ National Archives of Ireland, DUB/22/21/89/2, petition to the undersecretary Richard Pennefather justifying continued support to the hospital, recorded in the minutes of the Rotunda Lying-in Hospital Board of Governors, 19 Dec. 1845.

²² E. B. Sinclair and G. Johnston, *Practical Midwifery: Comprising an Account of 13,748 Deliveries which Occurred in the Dublin Lying-in Hospital During a Period of Seven Years, Commencing November 1847* (1858), pp. 9–10.

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With a recommendation secured, the woman attended the hospital dispensary on the following day to have her admission ticket countersigned by the assistant master on duty. Until the mid to late nineteenth century, the dispensary in the Rotunda was located in a small basement room heated by a petroleum-burning stove that emitted pungent fumes. So cold was the room that in wintertime the doctor on duty was required to wear his overcoat while attending the patients.²³ A woman’s marital status was not considered relevant for admission and it was generally accepted that many unmarried women claimed to have husbands.²⁴ This pretence was most likely adopted as a protection against the shame that a woman might have felt at giving birth to an illegitimate child. A pregnant woman applying to the Coombe for intern midwifery care was required to present a recommendation to the resident medical officer signed by a patron, patroness, vice-patron, vice-patroness, governor, subscriber, collector or clergyman.²⁵ Not all applicants could be accommodated and during one week in May 1866, eleven women applying for admission to the Coombe were turned away because all the beds were fully occupied.²⁶

At the onset of labour a woman was admitted to either a seven- or an eight-bedded ward in the Rotunda. Each ward consisted of one large room off which there were two smaller rooms. Five beds were used in rotation in the larger room by lying-in women. The sixth bed was allocated to a nurse and the seventh to the pupil midwife on duty. The eighth bed was reserved for ‘convalescent’ women or those experiencing a miscarriage.²⁷ Sick ante-natal women were only rarely admitted prior to labour. Accommodation was arranged in such a way that women laboured and gave birth in the same space as others recovering from childbirth, miscarriages and maternal morbidity. It was not unknown for women to die in the large wards but when possible, and in the absence of epidemics, the small rooms were reserved for terminally ill patients. Alternatively, women who could afford to pay one pound weekly were ascribed single room accommodation; however, hospital accounts suggest that there were few paying patients.

During her stay in the Coombe, a woman was required to assist in needlework and in the care of other lying-in women. She was directed

²³ L. Atthill, *Recollections of an Irish Doctor* (1911), pp. 174–5.

²⁴ Report of the Select Committee on Dublin Hospitals, 1854 (Parl. Papers 1854 [C 338], xii), p. 38 (hereafter ‘Select Committee on Dublin Hospitals, 1854’).

²⁵ *Charter and Bye-Laws of the Coombe Lying-in Hospital*, p. 39.

²⁶ *Charter and Bye-Laws of the Coombe Lying-in Hospital*, p. 14.

²⁷ A convalescent woman was a post-natal woman whose recovery was delayed because of a complication arising during childbirth or soon after. Infection was a common cause of prolonged convalescence.

not to smoke, spit on the walls or floor, quarrel, be insolent, swear or use insolent language, unnecessarily soil her bedclothes, or play at any game.²⁸ Any violation of the rules resulted in immediate discharge, as happened in 1867 when Eliza Corrigan and Bridget Shaughnessy were found to have behaved in a 'disorderly' manner.²⁹

Traditionally, Irish women gave birth on a bed of straw called a wisp, wop or sop, depending on the part of the country in which they lived.³⁰ The wisp was placed on the floor in the corner of the kitchen and, in contrast to the formality of hospital childbirth, it was not unusual in some parts of the country for visitors to come in and out of the kitchen during the labour.³¹ In the Rotunda, women were completely undressed at the time of delivery and gave birth on a narrow birthing couch located at one side of the fireplace in the ward. The birthing couch was screened-off by a very large clothes-horse.³² Inevitably there was a high level of disturbance in the wards by day and by night. With no sinks and no running water in the wards of the Rotunda until 1877, there was no facility for optimal hand washing before or after examining a woman.³³ Instead of hand washing before examining a woman vaginally, the doctor, midwife or pupil lubricated his/her fingers in a communal pot of hog's lard.³⁴ Afterwards the examiner wiped his/her fingers with a napkin and went on to examine the next woman.

The consequence of this unhygienic practice is measured in recurring epidemics of puerperal fever soon after institutionalized childbirth commenced. The earliest recorded epidemic in the Rotunda (but not necessarily the first) occurred in 1767 and was followed by others in 1774, 1787 and 1788.³⁵ Further epidemics of puerperal fever are reported for 1803, 1810, 1812, 1813, 1818, 1819, 1820, 1823, 1825, 1826, 1828, 1834, 1845 and 1854.³⁶ It cannot be assumed that these were the only epidemics and it is worth noting that some extended from one year into the next. Fluctuations in admission numbers suggest that many women chose to stay away from

²⁸ *Charter and Bye-Laws of the Coombe Lying-in Hospital*, p. 35.

²⁹ NAI, DUB/55/A/1-2, minutes of the Coombe Lying-in Hospital Management Board, 14 Feb. 1867.

³⁰ NFC, MS. 1220, p. 28, collector Michael J. Murphy, Co. Armagh, 1950s. See also NFC, MS. 659, p. 519, collector Seosamh Ó Dalaigh, Co. Kerry, 1930s. A sop is the Irish word for a wisp of straw.

³¹ NFC, MS. 1340, p. 424, collector Michael Corduff, Co. Mayo, 1952.

³² J. B. Lyons, *Brief Lives of Irish Doctors* (Dublin, 1978), p. 90.

³³ *Freeman's Journal*, 8 May 1877.

³⁴ Lyons, *Brief Lives*, p. 90.

³⁵ Sinclair and Johnston, *Practical Midwifery*, p. 8.

³⁶ Report of the Commissioners Appointed to Take the Census of Ireland, 1851, pt. iv: Report on Ages and Education (Parl. Papers 1856 [C 2053], xxix), p. 458.

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lying-in hospitals during puerperal fever epidemics.³⁷ An epidemic in 1854 persisted throughout 1855 with just a brief lull during the third quarter of that year. Twenty-six of the twenty-seven maternal deaths that occurred during the first six months of 1855 were caused by puerperal fever. The legacy of that epidemic is reflected in a 50 per cent reduction in the number of admissions during the following year.³⁸ One of the peculiarities of puerperal fever was that outbreaks sometimes occurred simultaneously elsewhere, both nationally and internationally.³⁹

As essential as good hygiene is for the preservation of the health and life of a lying-in woman and her infant, good nutrition and sufficient rest are vital for her recovery from the birthing process, and for an adequate production of breast milk. A primiparous woman (first-time mother) in the lying-in hospital was confined to bed for three days after giving birth. During her confinement, a post-natal woman's hospital diet was similar to, and for some perhaps better than, that which she might have had at home. The hospital food included tea, sugar, bread, a small amount of butter, milk, gruel and beef tea.⁴⁰ From day four until discharge, mutton and beef were sometimes added to the mother's diet. On the fourth day she was allowed to sit out of bed and get dressed, while on the fifth day she was allowed to walk around as normal. Women who developed fever while in hospital were fed a diet of milk, whey, beef tea, chicken broth, milk pudding, bread and stimulants (such as a small amount of alcohol). When deemed appropriate by the medical officer, eggs, rice milk, new milk, arrowroot, porter, gin, wine or brandy were added to the basic diet, although we cannot be certain that what was prescribed was what was provided. Alcohol was sometimes also prescribed for after-birth pains in lying-in hospitals in Dublin, as it was elsewhere. In Hallowell, Maine, for example, Martha Ballard, a popular late eighteenth- and early nineteenth-century handy woman who delivered more than 800 babies during almost forty years of midwifery practice, used alcohol to relieve pain, but she complained from time to time of over indulgence of self-prescribed alcohol among woman in labour under her care.⁴¹

While in hospital, a woman's relatives were allowed to visit from the third day after delivery. Female friends were not permitted to visit, ‘in

³⁷ NAI, DUB/22/21/89/2, minutes of the Board of Governors of the Rotunda Lying-in Hospital, 30 Nov. 1846.

³⁸ NAI, DUB/22/89/2, Rotunda Lying-in Hospital Labour Ward Register, 1852–9.

³⁹ I. Loudon, *Death in Childbirth: an International Study of Maternal Care and Maternal Mortality, 1800–1950* (Oxford, 1992), p. 61.

⁴⁰ NFC, MS. 1340, p. 429, collector Michael Corduff, Co. Mayo, 1952.

⁴¹ L. T. Ulrick, *The Life of Martha Ballard Based on her Diary, 1785–1812* (New York, 1991).

consequence to the ill effects which frequently arose from the injudicious conversation of female visitors'.⁴² A husband enjoyed more flexible visiting arrangements than other relatives but was not allowed to be present while his wife was in labour. It was otherwise in Erris, County Mayo, where in the past, or so it was reported in folklore evidence collected in the 1950s, a husband traditionally stood at his wife's back, placed his hands on her shoulders and supported her in a kneeling position while she gave birth.⁴³ His presence was thought to lend moral support and to protect his wife from being taken by the fairies. In County Tyrone, it was held that labour pains could be eased by a husband lying alongside his wife during her labour.⁴⁴

It was with the 'greatest difficulty' that lying-in women could be prevailed upon to remain in hospital for eight days post-natally and many insisted upon being discharged before that time.⁴⁵ Two obstetricians in the Rotunda, Dr. Edward B. Sinclair and Dr. George Johnston, suggested in 1858 that, for the most part, women chose to be discharged early because of their 'intense dislike of discipline or control'. However, the doctors conceded that in some cases it was concern for their husbands, children and domestic duties that caused women to leave the hospital early.⁴⁶

The professional and the pupil midwife

Throughout most of the nineteenth century, the appellation 'midwife' was used to refer to handy women, surgeons, physicians, apothecaries, medical students, trained midwives and monthly nurses or nurse tenders. For many women, and almost all women living in rural areas and small towns, the local midwife or 'helper-outer' or, as she was known in Enniscorthy, County Wexford, the 'rabbit catcher', continued to be the main provider of midwifery care through to the twentieth century.⁴⁷ It is a near impossible task to quantify the number of qualified midwives in Ireland during the period and the census returns are unhelpful in this respect. A total of 492 female midwives were listed in the Irish census for 1861. However, the age profile of the women suggests that not all were active. In all, 143 (29 per cent) of the midwives were over sixty years of age while 111 (23 per cent) were identified as being over seventy years of age.⁴⁸ Thirty-five midwives of

⁴² NFC, MS. 70, p. 12, collector Nuala O'Beirne, Co. Galway, 1928.

⁴³ NFC, MS. 1340, p. 418, collector Michael Corduff, Co. Mayo, 1952.

⁴⁴ NFC, MS. 1220, p. 7, collector Michael J. Murphy, Co. Tyrone, 1950s.

⁴⁵ Sinclair and Johnston, *Practical Midwifery*, p. 11.

⁴⁶ Sinclair and Johnston, *Practical Midwifery*, p. 11.

⁴⁷ NFC, MS. 1358, p. 359, collector Sean McGrath, Co. Clare, 1954.

⁴⁸ *Report of the Commissioners Appointed to Take the Census of Ireland for 1861*, general appendix, table iii, pp. lxiv–lxvii, and general report, table vi, pp. 150–1.

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all ages were stated to have been residing in Dublin city, suburbs and county in 1861, but without extensive research there is no way of determining if any of these were professionally trained.⁴⁹

The permanent staff who cared for lying-in women in hospitals were, for the most part, illiterate untrained nurses and one trained midwife. Those managing the Rotunda and Coombe lying-in hospitals did not consider it necessary to employ more than one trained midwife on a regular basis before the 1880s. From c.1850 to the time of her unexpected death in 1878, Mary McGrath was the only qualified midwife employed in the Rotunda.⁵⁰ Her ‘arduous and unremitting duties’ included overseeing all of the lying-in women during their stay in hospital.⁵¹ She supervised and provided clinical training for pupil midwives and was entrusted with deciding if the attendance of the master or his assistant was necessary for women with complicated labours.⁵² At the time of her death, McGrath’s annual salary was £45. Bearing in mind that there was no other qualified midwife to supervise during the night time and during McGrath’s weekly half day-off, it is reasonable to suggest that there was an element of inconsistency in the level of supervision of patients and pupils. Hence untrained nurses, pupil monthly nurses and pupil midwives provided most of the patient care.⁵³ Although midwives were not generally employed in workhouses during this period, women claiming to be midwives, but who were most likely to have been untrained ‘handy women’, were workhouse residents and may have assisted their fellows during childbirth.

The low standard of nursing care practised in Dublin’s hospitals during the later decades of the nineteenth century prompted the organizers of the Dublin Hospital Sunday Fund, which was established in 1879, to comment that with few exceptions, nurses in Dublin hospitals were below the class of ordinary domestic servants.⁵⁴ The charity lobbied tirelessly for adequate

⁴⁹ *Report of the Commissioners Appointed to Take the Census of Ireland for 1861*, general report, table ii, p. x.

⁵⁰ NAI, DUB/22/21/89/2, minutes of the Rotunda Lying-in Hospital House Committee, 21 Sept. 1878.

⁵¹ NAI, DUB/22/21/89/2, minutes of the Rotunda Lying-in Hospital House Committee, 21 Sept. 1878.

⁵² NAI, DUB/22/21/89/2, minutes of the Rotunda Lying-in Hospital House Committee, 21 Sept. 1878. The master was obliged to attend the hospital for only two hours each day and the assistant masters were regularly absent, attending either to their private patients or at complicated midwifery cases among Rotunda patients delivering in their own homes.

⁵³ From 1857 to 1883, the Rotunda and Coombe were the only lying-in institutions offering intern and extern midwifery care.

⁵⁴ A. Wickham, ‘A better scheme for nursing: the influence of the Dublin Hospital Sunday Fund on nursing in Ireland in the 19th century’, *International History of Nursing Journal*, vi

training and proper accommodation for nurses and midwives and was so successful in its efforts that by the end of the nineteenth century, most nurses and midwives were at least literate. The aforementioned Dr. Denis Phelan, who had extensive clinical experience from his work as a medical practitioner in rural Ireland, also called for the training of midwives:

I am well aware that many will consider any allusion to the subject of giving instruction to midwives and nurses as undeserving of attention; but had they observed the scenes that have come under my notice during thirty years that I have been in practice their opinions would be greatly changed.⁵⁵

The female pupil midwife was only marginally superior in the hospital hierarchy to the untrained illiterate nurse. From 1771, the training programme for female pupils in the Rotunda was separate from that provided for male pupils and it was designed, or so it was claimed, in response to an objection by women to being surrounded in class by 'a parcel of brats of boys, the apprentices of surgeons and apothecaries'.⁵⁶ Only women of 'good morals and discretion, of sound constitution and proper years', were admitted for midwifery training and their course of lectures was 'adapted to their capacity'.⁵⁷ There is no evidence to suggest that this system of education was altered during the next century. Dr. Frederick Jebb, master of the Rotunda from 1774 to 1780, also introduced a two-tier training programme for women, that is the monthly nurse/nurse tender and the midwife. The number of women trained as either midwives or monthly nurses was considerably less than the number of medical students, apothecaries and doctors trained in midwifery.⁵⁸ The numbers of female pupil midwives fluctuated annually and in 1850 only one woman was trained.⁵⁹

The midwife in oral histories is looked upon more favourably than the midwife in fiction; for the most part, novelists focused on the incompetent. Charles Dickens created the infamous Sarah Gamp, while the Irish writer

(2001), 26–34, at p. 28. Communication between the fund and the hospitals is to be found in the board of governors' minutes.

⁵⁵ D. Phelan, *A Statistical Inquiry into the Present State of the Medical Charities of Ireland with Suggestions for a Medical Poor Law* (Dublin, 1835), p. 313.

⁵⁶ F. Jebb, *A View of the Schemes at Present under the Consideration of the Governors of the Lying-In Hospital* (Dublin, 1777), pp. 14–15.

⁵⁷ Jebb, *View of the Schemes*, p. 18.

⁵⁸ 'Select Committee on Dublin Hospitals, 1854', p. 34. On the other hand, the number of male pupils was constant year on year but their daily attendances fluctuated due to the demands of their medical studies, medical practices or apothecary shops.

⁵⁹ NAI, DUB/22/21/89/2, minutes of the Rotunda Lying-in Hospital Board of Governors, 28 June 1850.

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William Carton devised the notorious midwife Rose Moan, of whom he wrote: ‘it is impossible to conceive of a character of greater self-importance than an Irish midwife’.⁶⁰ Medical literature from the nineteenth century is also coloured with a deep antipathy to female midwives. In the opinion of Dr. John Ringland, master of the Coombe from 1841 to 1876, many lying-in women:

confided themselves, if to anyone at all, to someone or other of the many so-called midwives, who were, however, in most instances, merely ‘lucky women’, as they were designated, but whose ignorance was only exceeded by their audacity – a class which abounded in the specific locality [Coombe district].⁶¹

Ringland’s commitment to his profession, which he sustained until his death in 1876, is admirable in many respects. Nevertheless, he and other nineteenth-century lying-in hospital masters can be criticized for their failure to recognize the need for up-skilling traditional midwives. The discrediting of midwives and nurses may have discouraged women from the educated and moneyed classes from joining the professions, while the expense of training was insurmountable for poorer literate women. Only two unidentified women were trained in the Rotunda in 1802 and their fees were paid by a Dr. Kelly.⁶² The master of the Rotunda, Dr. Robert Shekleton, reported in 1854 that most of the female pupil midwives were referred, and their fees paid, by ladies wishing to ‘oblige respectable servants’.⁶³

A category of nurse known as a monthly nurse trained in lying-in hospitals during the nineteenth century and these were sometimes incorrectly known as midwives. They were not trained to deliver babies but for the less responsible task of caring for women during and after labour. A highly skilled monthly nurse sometimes found employment with an *accoucher* (doctor practising midwifery), but she was obliged under threat of dismissal to summon the doctor when delivery was imminent. George Johnston, master of the Rotunda from 1868 to 1875, was an ardent proponent of engaging monthly nurses. He insisted on appointing his own nurse so that he could keep ‘a very wholesome

⁶⁰ W. Carleton, *Tubber Derg or the Red Well. Party Fight and Funeral, Dandy Kehoe’s Christening and other Irish Tales* (Dublin, 1869), p. 174; W. Carleton, *Traits and Stories of the Irish Peasantry* (5 vols., 5th edn., Dublin, 1864), iii, 174. See also C. Dickens, *The Life and Adventures of Martin Chuzzlewit* (1844; Oxford edn., 1975).

⁶¹ Ringland, *Annals of Midwifery*, p. 26. See also T. Telford, ‘A brief account of the recent epidemic of puerperal fever in the Dublin Lying-in Hospital’, *Dublin Medical Press*, lvi (1866), 331–2, at p. 331.

⁶² General accounts of the Rotunda Lying-in Hospital recorded in the Twenty-Seventh Report of the Commissioners of Accounts of Ireland, 1802–3 (Parl. Papers 1803 [C 24], v), p. 14.

⁶³ ‘Select Committee on Dublin Hospitals, 1854’, p. 38.

and needful check over this class of medical subordinate', and in order that he might command 'real control [and] authority over her and her patient'.⁶⁴ The doctor was likely to forfeit his fee if the infant was born during his absence and, in turn, the monthly nurse did not receive payment from him. During the later decades of the nineteenth century, the Rotunda hired out monthly nurses to care for women in their own homes. The revenue for this service was used to fund the hospital's expenses.⁶⁵ During almost three-quarters of a century between 1786 and 1854, 656 women commenced training in the Rotunda. It is not possible, however, to calculate with certainty the ratio of midwives to monthly nurses.⁶⁶

Midwifery training in the Coombe commenced in the mid 1830s and, as in the Rotunda, it is not possible to distinguish pupil midwives from pupil monthly nurses. Until the mid 1850s, the number of male and female midwives in training in the Coombe was 'half the number of those [pupils] who attended the magnificent wards of the Rotunda'.⁶⁷ Only thirty-three female 'midwives/monthly nurses' were trained in the Coombe from 1836 to 1856 and an average of seven to eight annually thereafter.⁶⁸ There was one female midwife/monthly nurse to every thirteen male pupils in Dublin during the mid nineteenth century.⁶⁹

The combined number of female graduates (fourteen to eighteen annually between the Rotunda and the Coombe) made little impression on the great need for trained staff throughout the country. It did not, for example, accommodate the Poor Law commissioners' goal, set in 1859, to provide a trained midwife for each of the country's 723 dispensaries.⁷⁰ Aside from too few women being trained, it was noted of those who qualified that:

many [of them] stay in Dublin and become regular nurses; some go to England; two or three went out a short time ago on speculation to America having got their diploma of six months' attendance at the hospital. Two or three soldiers' wives were sent in lately, and £10 paid by the officers of their respective regiments, to enable the women to acquire a knowledge of the practice of midwifery, in order to attend the soldiers' wives.⁷¹

⁶⁴ Ringland, *Annals of Midwifery*, p. 25.

⁶⁵ Kirkpatrick, 'The Coombe Lying-in Hospital', pp. 393–403.

⁶⁶ NAI, DUB/22/21/89/2, minutes of the Rotunda Lying-in Hospital Board of Governors, 14 Dec. 1884.

⁶⁷ 'Select Committee on Dublin Hospitals, 1854', p. 24.

⁶⁸ *Charter and Bye-Laws of the Coombe Lying-in Hospital*.

⁶⁹ *Dublin Hospitals' Commission*, 1855, p. 24. This figure includes 40 male and three female pupils.

⁷⁰ H. Burke, *The People and the Poor Law in the 19th Century* (Dublin, 1987), pp. 249–50.

⁷¹ 'Select Committee on Dublin Hospitals, 1854', p. 35.

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The small numbers of women who were trained had difficulties securing employment within the medical profession. Diversification and emigration became their best options as many were ‘reduced to great difficulties in consequence of the assumption of their duties by practitioners of the other sex’.⁷² Anne McMahon has documented the monopolization of midwifery by the medical profession and the obstruction of the registration of female midwives in Ireland until much later than in other countries.⁷³ The Royal College of Physicians’ resistance was fuelled by the medical profession’s fear that registered female midwives might make inroads into the small population of private patients served by its members. Meanwhile, trained female midwives could not compete with handy women as the latter often worked for a pittance or nothing at all.

By the 1860s, just over a century after the inauguration of lying-in hospitals and midwifery training, the pace of the modernization of midwifery accelerated. A number of factors converged, not least of which was a new awareness of the importance of public health in its broadest sense, the availability of anaesthetics, growing confidence in and among the newly regulated medical professions and the discovery and eventual application of aseptic midwifery practices. The impact of these will be assessed in the remainder of this chapter through an examination of maternal mortality and morbidity from 1858 to 1900.

Maternal mortality

The death of a woman while pregnant ‘or within forty-two days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes, is classified as a maternal death’.⁷⁴ The commonest cause of maternal mortality in the nineteenth century was infection. Infection control depended on good sanitation, the application of strict asepsis by nurses, midwives and doctors, good midwifery care, comprehensive midwifery training and adequate staffing by experienced midwives, none of which, as this chapter has identified, was available in Dublin’s lying-in hospitals during the nineteenth century. Consequently

⁷² Anonymous, ‘School for nurses: response to a suggestion printed in *Lancet*, by a Mr Blomfield calling for a school for nurses and for women to attend lying-in hospitals’, *Dublin Medical Press*, xxi (1849), 207.

⁷³ A. McMahon, ‘Regulating midwives: the role of the RCPI’, in *Care to Remember, Nursing and Midwifery in Ireland*, ed. G. Fealy (Cork, 2005), pp. 158–71.

⁷⁴ World Health Organization definition available at <<http://www.who.int/healthinfo/statistics/indmaternalmortality/en/>> [accessed 19 Feb. 2011].

puerperal fever recurred so frequently that some believed it was endemic to lying-in hospitals.⁷⁵

Puerperal fever accounted for 60 per cent of all maternal deaths in the Rotunda from 1858 to 1869.⁷⁶ While negligence played a part in some of the epidemics there is no evidence to suggest that doctors were deliberately negligent. Many, however, were slow to accept that puerperal fever could be prevented. In 1884, a quarter of a century after Semmelweis (a Hungarian doctor who first identified that puerperal fever was spread by cross-infection) published his research, the exponents of asepsis in Dublin were still battling to convince the sceptics that the focus on managing puerperal fever should shift from considering the 'possibility of prevention' to finding a 'means' to prevent infection.⁷⁷ Dr. Arthur Macan, master of the Rotunda from 1883 to 1889, strove earnestly to eliminate puerperal fever from the hospital. Tragically, while Macan was proactively engaged in finding a way to eradicate puerperal fever, his wife died from the infectious disease within days of giving birth.⁷⁸ Among other innovative measures that he introduced to the Rotunda was the use of nail brushes, hand disinfectants and sanitary pads. Despite these efforts, however, puerperal fever epidemics continued through to the end of the nineteenth century. In 1867, after five consecutive years of excessive maternal mortality, Dr. Ivory Kennedy, an ex-master of the Rotunda, called for its closure as a maternity hospital.⁷⁹ He argued that it should be used for the treatment of women with gynaecological disease and the treatment of infants as, in his opinion:

The time has arrived in which, like all human institutions, progress and changing circumstances have produced such an influence upon it [the Rotunda Lying-in Hospital], that neither the intentions of the founder, the wants and

⁷⁵ Puerperal fever is a bacterial infection of the genital tract and, as the name implies, is only found among post-natal women. For a detailed study of puerperal fever, see Loudon, *Death in Childbirth*; I. Loudon, 'Childbirth', in *Companion Encyclopaedia of the History of Medicine*, ed. W. F. Bynum and Roy Porter (2 vols., 1997), ii. 1050–70; I. Loudon, *The Tragedy of Childbed Fever* (Oxford, 2000).

⁷⁶ Bergin, 'Childbirth and midwifery', p. 214.

⁷⁷ W. C. Neville, 'On the nature and prevention of graver fevers of childbirth', *Transactions of the Academy of Medicine, Obstetrical Section*, ii (1884), 320–55, at pp. 320–1.

⁷⁸ In 1859, Ignaz Semmelweis wrote a graphic account of his experience of puerperal fever in a Viennese lying-in hospital. Semmelweis's findings arose out of one of the first ever scientific studies of a disease, which he designed and executed in the 1840s (see I. Semmelweis, *The Etiology, Concept, and Prophylaxis of Childbed Fever*, trans. K. C. Carter (Madison, Wis., 1983).

⁷⁹ Bergin, 'Childbirth and midwifery', p. 200. In 1862, maternal mortality in the Rotunda reached a frightening 8.2 maternal deaths per 100 women delivered.

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just rights of the public, nor the claims of humanity by securing the greatest preservation of life are accompanied by its instrumentality.⁸⁰

Meanwhile, both the English statistician William Farr and Florence Nightingale argued against institutionalized childbirth for normal midwifery cases.⁸¹ Although the Board of Guardians in the Coombe turned their attention towards controlling hospital infection at that time, their main concern was the health of the staff rather than that of the patients.⁸²

Maternal mortality is difficult to measure, not least because of the efforts made to hide its prevalence during the nineteenth century. The concealment of maternal deaths in the Rotunda and Coombe coincided with increased criticism of lying-in hospitals at home and abroad. Not only was the number of maternal deaths not made available but death rates fluctuated year on year. It was not until 1881 that the medical officer of the BSDH drew attention to the concealment of maternal deaths in the Rotunda and Coombe. That year he commented upon the number of such deaths recorded by the Rotunda, suggesting that it was ‘not strictly accurate, for women who become ill after confinement are, as soon as possible after the eighth day, removed to the Auxiliary Hospital [gynaecological wards], where if they die, their demise is not credited to the lying-in department’.⁸³ Concealment was easily achieved through the use of multiple nomenclatures to describe puerperal infection and through the transfer of lying-in women to gynaecological wards on the day that they should have been discharged. In 1881, eighteen maternal deaths in the Rotunda’s gynaecological department were incorrectly described as having been caused by gynaecological disease. Adding these to the number of maternal deaths in the lying-in wards for that year significantly alters the maternal mortality rate from twenty-one per 1,000 deliveries to thirty-seven per 1,000. Similarly, the Coombe’s claim that maternal mortality was twenty-one per 1,000 deliveries in 1881 was incorrect, and instead maternal

⁸⁰ E. Kennedy, *An Address to his Excellency the President; Vice Presidents; Governors and Guardians of the Lying-in Hospital* (Dublin, 1867), p. 1.

⁸¹ See Nightingale, *Introductory*. See also P. M. Dunn, ‘Dr. William Farr of Shropshire (1807–83): obstetric mortality and training’, *Archives of Diseases in Childhood – Fetal and Neonatal Edition*, lxxxviii (2002), 67–9; J. M. Eyler, *Victorian Social Medicine: the Ideas and Methods of William Farr* (Baltimore, Md., 1979); W. Farr’s observations on lying-in hospitals in the Thirty-Third Annual Report of the Registrar General of Births, Deaths and Marriages in England, 1870 (Parl. Papers 1872 [C 667], xvii), p. 407.

⁸² Seventeenth Annual Report of the Board of Superintendence of Dublin Hospitals, 1876 (Parl. Papers 1876 [C 1379], xxxvi), p. 581.

⁸³ Twenty-Second Annual Report of the Board of Superintendence of Dublin Hospitals, 1879–80 (Parl. Papers 1881 [C 2830], xxxvii), p. 11.

Birth and death in nineteenth-century Dublin's lying-in hospitals

Table 5.2. Causes of death and number of days since childbirth of the twenty-five deaths in the Rotunda's gynaecological wards during 1881

Disease	Number of cases	Number of days since delivery
Abscess on brain	1	None stated
Bronchitis*	1	9
Mental distress*¹	2	8
Metritis, anaemia	1	None stated
Mitral stenosis and albuminurea*	1	7
Ovariectomy	3	None stated
Ovariectomy and peritonitis	1	None stated
Peritonitis*	2	19
Pleurisy*	1	20
Premature labour*	1	5
Pyæmia*	2	14; 11
Septicaemia*	5	14; 8; 13; 9; 20
Septicaemia post abortion*	2	18; 16
Sloughing of the vagina*	1	16
Uterine tumour	1	None stated
Total deaths	25	Mean = 13 days

* Confirmed lying-in women

¹ It was not unusual for puerperal fever to be described as mental distress; taking this in to account and the interval between delivery and death, it is likely that these women died from infection rather than psychiatric illness.

Source: Board of Superintendence of Dublin Hospitals' annual reports, 1882.

mortality there can be calculated as thirty-two per 1,000 women delivered.⁸⁴

Table 5.2 above identifies the reported causes of death of the twenty-five women who died in the Rotunda's gynaecological wards in 1881 – eighteen were as a consequence of pregnancy. Maternal deaths in the gynaecological wards decreased significantly after 1881. As Figure 5.1 below demonstrates, however, post-natal women continued to die there through to the end of the nineteenth century.

There are a number of possible explanations as to why the medical profession in the lying-in hospitals would seek to deceive the public. Maternal deaths reflected poorly on the institution and on its staff. Fearful

⁸⁴ Twenty-Fourth Annual Report of the Board of Superintendence of Dublin Hospitals, 1882 (Parl. Papers 1882 [C 3310], xxvii), p. 23.

‘She said she was in the family way’

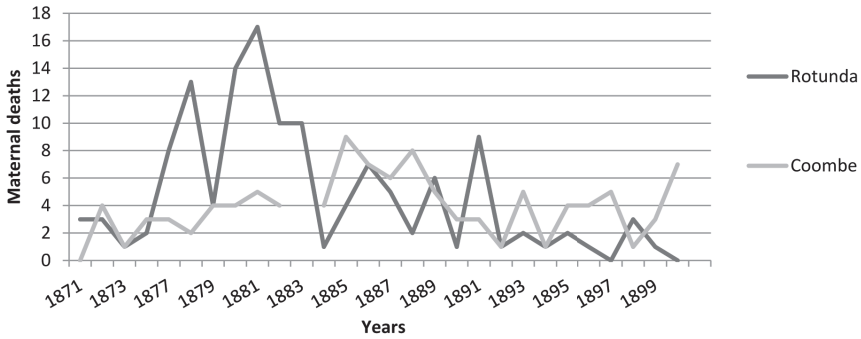


Figure 5.1. Maternal deaths in the Rotunda and Coombe gynaecological wards, 1871–1900

Source: Board of Superintendence of Dublin Hospitals, 1871–1900.

for their safety, many women stayed away from the hospitals during fever epidemics. Fewer births meant fewer opportunities for students to acquire clinical experience and a hospital’s reputation was secured by its facility to provide clinical training. Furthermore, in the Rotunda, fewer students had a direct impact on the master’s income. Perhaps even more detrimental to masters’ and assistant masters’ reputations and income was the negative publicity that attended their association with puerperal fever and maternal mortality. With reputations and income at stake, concealment of maternal deaths appears to have been tolerated. Such deaths are, however, only one measure of maternal well-being; maternal morbidity also reflects the impact of childbirth on a woman’s health.

Maternal morbidity

Maternal morbidity refers to a serious disease, disability, infection or injury such as a fistula or uterine prolapse after pregnancy and to post-natal mental health problems. Medical journals from the nineteenth century and most text books suggest that there was little concern for the debilitating impact of maternal morbidity on a mother and her family. The most common cause of morbidity for women who gave birth in hospital during that period was infection. Pyrexia (raised body temperature) is generally the first indication of infection. Towards the end of the nineteenth century, the master of the Rotunda, Dr. W. J. Smyly, initiated a discussion on the prevalence of pyrexia among post-natal women.⁸⁵ Smyly sought to use the information to

⁸⁵ Maternal morbidity was most likely higher than these figures suggest as some women would have been unable to extend their stay in hospital because of family or work commitments, and there are also those who developed morbidity after discharge.

Birth and death in nineteenth-century Dublin's lying-in hospitals

Table 5.3. Incidences of maternal morbidity in relation to the number of women delivered in the Rotunda, 1878–94

Year	Number of women delivered ¹	Number of lying-in women transferred to gynaecological wards ²	Incidence of maternal morbidity per 1,000 deliveries	Incidence of maternal mortality per 1,000 deliveries
1878	1,111	109	98	22
1879	1,110	117	105	19
1880	1,168	189	162	35
1881	1,072	276	257	35
1882	1,101	209	190	20
1883	1,007	197	196	20
1884	1,132	109	96	6
1885	1,156	106	92	11
1886	1,215	120	99	12
1887	1,200	97	81	10
1888	1,309	143	109	5
1889	1,264	133	105	8
1892	1,244	42	34	7
1893	1,287	23	18	15
1894	1,428	16	11	6

¹ Annual Reports of the Board of Superintendence of Dublin Hospitals, 1878–82.

² NAI, DUB/22/12/V6/8/3/2, Rotunda auxiliary hospital register, 1 Apr. 1877–18 March 1895.

measure the 'state of health of the hospital', that is, to deploy it to monitor infection control.⁸⁶

Trends in maternal mortality mirrored those in maternal morbidity. In other words, and as Table 5.3 shows, during most years when maternal mortality was high so too was maternal morbidity. As demonstrated earlier, lying-in women whose recovery was incomplete by the eighth post-natal day were transferred to the gynaecological wards to complete their convalescence, or to die. The incidence of identified maternal morbidity in the gynaecological wards ranged from a low of eleven per 1,000 deliveries in 1894 to a high of 257 per 1,000 deliveries, or one in every four women delivered, in 1878.

⁸⁶ W. J. Smyly, 'Annual report of the Rotunda for the year ending 1 November 1893', *Dublin Journal of Medical Science*, xcix (1895), 6–15.

‘She said she was in the family way’

The table also reflects the point made above, that during periods of high maternal mortality admissions to the hospital were reduced. As the number of maternal deaths and the prevalence of maternal morbidity declined during the last two decades of the nineteenth century, the number of hospital births increased. Furthermore, the statistics confirm improved aseptic practices within the hospital.

By the end of the nineteenth century, the medical profession should have been keenly aware of the perils of institutionalized childbirth, yet two doctors and a small group of nationalist Roman Catholic men and women saw fit in 1894 to open the National Maternity Hospital in an old and run-down building with inadequate sanitation and no running water in the wards. Within a month of opening, the hospital closed temporarily for a fortnight because of an outbreak of puerperal fever, which on that occasion caused the death of three of the thirty women delivered during the month.⁸⁷ It can be no coincidence that the principal investor, after the archbishop of Dublin, was a medical man who four months earlier had been unsuccessful in his application for the mastership of the Coombe.⁸⁸

Conclusion

Philanthropic concern for the welfare of poor lying-in women, and a powerful and competitive medical profession, ensured the success of institutionalized childbirth in Dublin. This success was guaranteed by the medical profession's need to acquire clinical midwifery experience to equip them with the skills necessary for a thriving and lucrative medical practice. By the start of the nineteenth century, several lying-in hospitals were required in Dublin to satisfy the demand for midwifery training by surgeons, physicians and apothecaries. A half century later, the monopoly of midwifery by the medical profession was secure and the small number of trained female midwives were reduced in some instances to poverty for lack of employment opportunities. Meanwhile, the handy woman continued to provide midwifery care to perhaps as many as half the pregnant population. By the end of the nineteenth century, the handy woman's role was, however, slowly being taken over by an expanding population of trained professional midwives and by dispensary doctors.

The survival of lying-in hospitals was achieved despite evidence offered during the 1860s by medical doctors Denis Phelan, Evory Kennedy and

⁸⁷ Dublin, National Maternity Hospital, E/1, minutes of the Board of Management of the National Maternity Hospital, 1894–1902.

⁸⁸ NAI, DUB/55/A/1, minutes of the Coombe Board of Guardians and Directors, 14 Dec. 1893. Dr. Barry's application testimonial for the post of master of the Coombe dated 6 Nov. 1893 is attached to the minutes.

William Farr, which proved that childbirth in hospital was less safe than childbirth in the home or workhouse. As this study has demonstrated, concealment of maternal deaths in lying-in hospitals nonetheless continued through to the mid 1890s. Consequently, the incidence of maternal mortality reported in medical journals and hospital reports until the end of the nineteenth century must be used with caution. Maternal deaths following hospital discharge are not accounted for in this study, in which case there may be need for further adjustment in maternal mortality rates. High institutional maternal mortality rates, in the main from puerperal fever, gave women cause for apprehension during pregnancy and childbirth. The best protection a poor lying-in woman had against premature mortality and infection-acquired maternal morbidity was to avoid giving birth in a lying-in hospital. This study has demonstrated significant development in the outcome of childbirth during the nineteenth century. It must be acknowledged, however, that during the course of that development, or 'modernization', many women suffered. Twenty-first-century women and men owe a debt of gratitude to the women whose lives were compromised or lost during the first 150 years of institutionalized childbirth.

III. 'The natural and proper guardian of the child': material culture and the care of babies*

* *Belfast News-Letter*, 24 Apr. 1897

6. Medicinal care in the eighteenth- and early nineteenth-century Irish home

Emma O'Toole

Women have from the earliest times been associated with the medical care of children. In Ireland in the eighteenth and early nineteenth centuries, a time before the structures and approaches that we now associate with modern medicine were established, when physicians were scarce and medicines limited, a mother's knowledge of medicine was considered essential. Children and infants were vulnerable to epidemic diseases like smallpox, as well as to more common illnesses such as measles and influenza. In addition, birth and infant mortality rates were high. In 1769, physician William Buchan estimated that of the total number of children born in England, half would die before they reached their twelfth birthday.¹ Of those who did survive, many were weakened by childhood illnesses. In Ireland, the cumulative effect of poor nutrition and not-quite-cured ailments meant that minor illnesses or injuries often took a long time to heal.²

During the period between the late eighteenth and early nineteenth centuries, surviving collections of family papers in Ireland indicate that most illnesses were treated in the home without trained medical assistance. The decision to call the apothecary, surgeon or physician was a last resort when household medication had proved unsuccessful. In household account books and family correspondence dating to this period, members of the medical profession are usually noted only in cases of serious illnesses, surgical operations and, most commonly of all, bleedings.

From at least the seventeenth century, remedies and medical treatments used in wealthy households were recorded in manuals or household pocketbooks. These compilations were usually kept by the female heads of household. This would suggest that women were the recognized authorities in the home on issues relating to medicine and family health. My research lies primarily in household recipe manuscripts, which were compiled by

¹ Quoted in W. Buchan, *Domestic Medicine or a Treatise on the Prevention of and Cure of Diseases by Regimen and Simple Medicines* (Dublin, 3rd edn., 1774), p. 1.

² T. Farmar, *Patients, Potions and Physicians: a Social History of Medicine in Ireland 1654–2004* (Dublin, 2004), p. 36.

middle- and upper-class women during this period. This chapter will focus on the correspondence and household medical pocketbooks kept by the Townley Balfour family, which are now preserved in the National Library of Ireland and Trinity College Dublin. The Townley Hall papers contain a large collection of manuscripts relating to domestic remedies in Ireland, including five medicinal recipe pocketbooks compiled by various members of the family dating to the eighteenth and nineteenth centuries.³ I will concentrate, in particular, on the pocketbook compiled in the early nineteenth century by Lady Florence Townley Balfour (1779–1862), wife of wealthy landowner Blayne Townley Balfour (1778–1856) and mother of nine children.⁴ The contents of Lady Florence’s pocketbook document the role that she played in acquiring medicinal recipes and using them to treat the various illnesses suffered by her children. While I have chosen Lady Florence Townley Balfour as an example, the contents of her pocketbook share common characteristics with other household medicinal recipe pocketbooks of the time.⁵

Taking care of children’s health

Recent studies on women in middle- and upper-class families in England demonstrate that during the eighteenth and early nineteenth centuries, a woman’s most active domestic role coincided with marriage, when she became the mistress of a household. It was at this point that women were given responsibility for the administration of the home, the management of servants and the organization of family consumption.⁶ It would seem that it was also at this stage that many women began keeping household medicinal

³ Various receipt pocketbooks from the Townley Hall papers held in the National Library of Ireland include NLI, MS. 9563, receipt book of Mrs. Jane Bury, 1700; NLI, MS. 11925, book of recipes, early 19th century; NLI, MS. 9560, book of recipes and prescriptions, late 18th century; NLI, MS. 9561, Lady Florence’s book of recipes and prescriptions, c.1800; and in Trinity College Dublin, Manuscripts Department (hereafter TCD), K.6.6, recipe for medicines and cookery compiled by Anna Maria Leigh, from 25 Sept. 1773.

⁴ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour’s book of recipes and prescriptions, c.1800.

⁵ Examples of these pocketbooks found at the National Library of Ireland include: NLI, MS. 4175, ‘A collection of medical recipes and cures’, c.1829; NLI, Ballitore papers, MSS. P.1091/N.1009, two books containing medical prescriptions, apparently written in Mary Leadbetter’s handwriting, 1777 and 1781; NLI, MS. 19729, a volume of cookery recipes, medical prescriptions and household hints compiled by Jane Burton (of Buncraggy, Co. Clare), with index, 18th century; and NLI, MS. 14901, a collection of domestic recipes and medical prescriptions, late 18th–early 19th century.

⁶ See A. Vickery ‘Women and the world of goods: a Lancashire consumer and her possession, 1751–81’, in *Consumption and the World of Goods*, ed. J. Brewer and R. Porter (1993), pp. 274–301; A. Vickery, *The Gentleman’s Daughter* (1998).

receipt pocketbooks, when the care of family health became an important part of their role. Lady Florence Townley Balfour's medicinal pocketbook began in 1800, three years after her marriage and one year after the birth of her first son Blayney. The pocketbook details over 200 handwritten medicinal recipes, as well as food recipes and household tips. Almost half of the medicinal remedies recorded in the pocketbook are cures for infantile illnesses and ailments.

Domestic medical activities and the preparation of remedies concentrated mainly on non-life-threatening illnesses.⁷ The most common remedies recorded in domestic pocketbooks were for childhood diseases such as whooping cough, colic, convulsions and jaundice, as well as more general illnesses such as fevers, diarrhoea and worms. Notes in Lady Florence's pocketbook indicate that she regularly used the remedies that she collected to treat her children. Most apparent is the number of remedies that she prepared for her first-born son Blayney; Lady Florence noted remedies for putrid fevers, measles and swollen glands that she had administered to him.⁸ Several remedies were also compiled for her daughter Elizabeth, such as a senna mixture, which was prescribed 'for Elizabeth at two years' (see Figure 6.1).⁹

Lady Florence had nine children over a twenty-year period and clearly used the remedies recorded in her pocketbook to treat the numerous illnesses that they suffered. Several of the remedies are marked with comments such as 'good' or 'very good'. Lady Florence presumably made these notes as reminders that the remedies had been successful and could therefore be used again.¹⁰ Evidence in her pocketbook suggests that she continued to use remedies to treat her children until they had reached adolescence. One of these later remedies compiled in her volume is for swollen throat glands, which was recorded (and possibly used) when 'Blayney was thirteen years old'.¹¹

Lady Florence's concern with the health of her children and the survival of similar manuscript household medicinal pocketbooks in other collections of family papers demonstrates the active role that women played in maintaining their children's health during this period. The extent of

⁷ The recipe collections also include treatments for conditions that could prove fatal, such as the plague.

⁸ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

⁹ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

¹⁰ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

¹¹ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

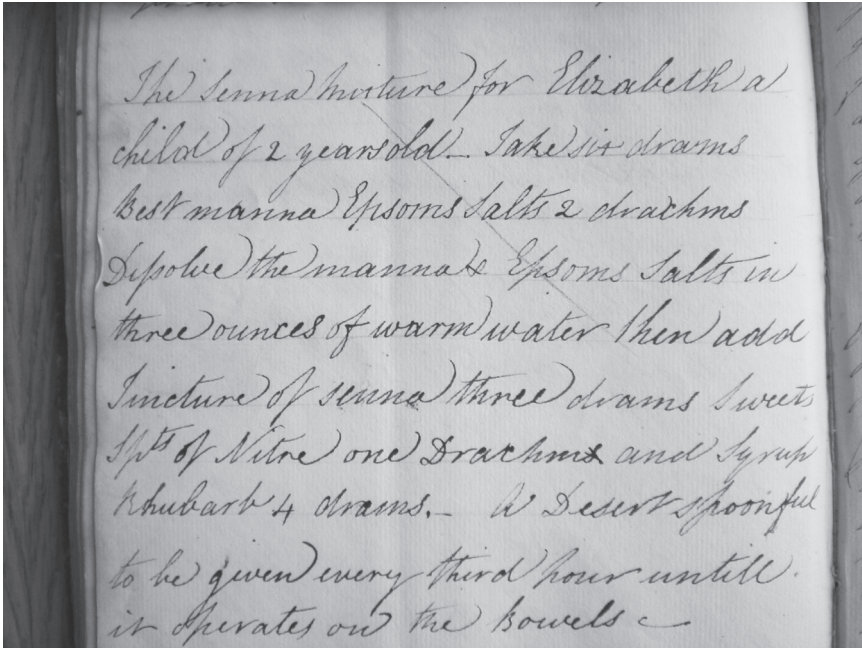


Figure 6.1. Lady Florence Townley Balfour's pocketbook (courtesy of The National Library of Ireland).

these manuscripts, and the large number of remedies recorded for treating children, would suggest that relationships between early modern parents and their children were strong, particularly where the care of children's health was concerned. Rosemary Raughter's chapter in this volume also supports this conclusion and is particularly demonstrated by Elizabeth Bennis's reaction to the losses of her children and the grief that she suffered during their illnesses.

Research into parent-child relations and the medical care of children has been the subject of extensive historiographical debate and analysis since the publication of the English translation of Philippe Ariès's *Centuries of Childhood* in 1962. Ariès's controversial argument that concepts of childhood were very limited in the medieval and early modern period was echoed in 1977 by Lawrence Stone, who argued that there was a significant change in accepted child-rearing theory, standard child rearing practices and affective relations between parents and children in the period between 1660 and 1800.¹² The conclusions of both Ariès and Stone have been the subject of

¹² P. Ariès, *Centuries of Childhood* (1962); L. Stone, *The Family, Sex and Marriage in England, 1500–1800* (1977), p. 405.

Medicinal care in the eighteenth- and early nineteenth-century Irish home

much criticism and the general consensus among historians of childhood today is that 'all societies at all times have had a concept of childhood'.¹³ Medical historians also followed Ariès's view and argued that before the nineteenth century, doctors neither recognized the 'physiological differences in infants, young children, adolescents and adults' nor acknowledged the need for 'treatment designed for children's unique physiology'.¹⁴ Hannah Newton has recently refuted these assumptions and demonstrated that early modern medical authors and doctors distinguished between child and adult patients, and adapted children's medicines to suit their particular requirements.¹⁵ Her research confirms that the treatment of sick children and medical interest in children's physic was not a new concept in the seventeenth century, but can be traced from ancient times through to the early modern period.¹⁶

Recording remedies: the influence of print culture

In the sixteenth century, printed medical texts that focused on children's diseases began to be available in many European countries. Mostly written in vernacular languages, these publications emphasized the necessity of preserving the health of children as a means of preventing disease. Physicians advised that medicines should not be perceived as the only way to care for children's health. They should instead be used as part of a course of therapy that focused on the development of healthy children and the prevention of disease and illnesses. During the late eighteenth century, access to such literature in Ireland was aided by the increasing availability of Dublin editions of medical books. There was a significant growth in the number of booksellers and printers in eighteenth-century Dublin.¹⁷ The lenient copyright laws allowed Dublin booksellers to reprint English publications at significantly reduced prices.

In his publication *Advice to the People in General*, printed in Dublin in 1766, S. A. Tissot, the eminent French physician, noted the importance of taking care of children's health:

it must be admitted their health is of no little importance; their prevention is as necessary as the continuance of the human race; and the application of

¹³ C. Heywood, *A History of Childhood* (Cambridge, 2001), p. 10.

¹⁴ See A. Colon, *Nurturing Children: a History of Paediatrics* (1999), p. xiv; A Fletcher, *Growing up in England: the Experience of Childhood 1600–1914* (2008), p. 59, cited in H. Newton, 'Children's physic: medical perceptions and treatment in sick children in early modern England, c.1580–1720', *Social History of Medicine*, iii (2010), 456–74, at p. 456.

¹⁵ Newton, 'Children's physic', p. 456.

¹⁶ Newton, 'Children's physic', p. 456.

¹⁷ M. Pollard, *Dublin's Trade in Books, 1550–1800* (Oxford, 1989), p. 210.

‘She said she was in the family way’

the practice of physick to their disorders is susceptible of nearer approaches to perfection, than is generally conceived.¹⁸

Other publications emphasized regimes that focused on the primary areas of care for children’s health, which included diet, clothing, sleep, exercise and cleanliness. The Scottish-born physician William Buchan outlined a regime for parents to follow in his *Domestic Medicine*, which was published in Dublin in 1774. In his chapter on children, Buchan provided detailed information for mothers on how to ‘bring up their children; how to dress them so as not to hurt, cramp or confine their motions; how to feed them with wholesome and nourishing food; how to exercise their tender bodies, so as best to promote their growth and strength’.¹⁹ The content of the pocketbook compiled by Lady Florence testifies to an interest in keeping young children and infants healthy by also paying attention to their diet and domestic environment. In addition to medicinal remedies, her pocketbook includes recipes for food and diet, as well as methods for cleaning and preparing the home.

There was also an expanding market for patented medicines claiming to cure a variety of infant illnesses. National newspapers such as the *Freeman’s Journal* frequently advertised quack medicines such as ‘Dr. Senate’s Vegetable Embrocation for Worms in Children’, ‘Dalby’s Genuine Carminative ... for all those disorders that prove so fatal in children’ or ‘Irwin’s Fruit Lozenges and Black Current Drops’, a remedy for preventing fever in children.²⁰ However, while patent and quack medicines remained in popular demand, newspaper reports also emphasized their unreliable effects. It may be for this reason that women sought out herbal and chemical remedies. Lady Florence’s pocketbook suggests that in collecting self-care remedies for use in the household, she gathered information from both domestic and commercial outlets. The inclusion of remedies culled from printed material, including pamphlets and newspapers, attests not only to the increased access that women had to the world of print but also to the importance of print media as a source of medical information.

Women’s personal account books also provide evidence of book purchases made by women and of their subscriptions to lending and circulating libraries. In Lady Florence’s account books, for example, there are regular entries for expenditure on books from bookshops as well as for subscriptions

¹⁸ S. A. Tissot, *Advice to the People in General, with Regard to their Health* (Dublin, 1766), p. 223.

¹⁹ William Buchan, *Domestic Medicine* (3rd edn., Dublin, 1774), pp. 1–28.

²⁰ *Freeman’s Journal*, 4 March 1802; *Freeman’s Journal*, 16 Jan. 1824; *Freeman’s Journal*, 1 Jan. 1780.

Medicinal care in the eighteenth- and early nineteenth-century Irish home to libraries.²¹ While it is impossible to determine if some of Lady Florence's book purchases were publications on children's health, it is clear that these sorts of publications and the information contained in them were easily accessed by wealthy, literate women in eighteenth-century Ireland.

Among the most important printed sources from which women could obtain information concerning medical remedies were household advice and cookery books. The production of these types of manuals increased in the eighteenth century and many appeared in Irish reprints. Among the most popular were *The Housekeeper's Pocketbook and Compleat Family Cook* by Sarah Harrison, which appeared in an Irish edition in 1738, and Hannah Glasse's *The Art of Cookery Made Plain and Easy*, which was printed in Dublin in 1762.²² The compilers of these publications assumed that the making of medicinal remedies was an essential part of a woman's household role and they included detailed descriptions on how to make medicinal remedies from flowers, fruits and herbs that could be found in any kitchen garden. In addition, advice was provided on the best time of year to plant, sow and harvest medicinal plants in order to gain their optimum medicinal worth.

Alongside women's advice manuals, publications that focused on self-administered medicine provided information about remedies and included prescriptions, which the authors claimed could cure an array of illnesses suffered by children. In the eighteenth century, an increasing number of medical publications, pamphlets and apothecary trade catalogues advised the Irish public on how to diagnose and treat various illnesses and ailments. The most popular publication dedicated to household diagnosis and therapy was William Buchan's *Domestic Medicine*, which was first published in London in 1764. The appeal of Buchan's manual in Ireland is attested by the printing of Irish editions of the second, third, sixth, seventh, ninth, twelfth and fifteenth editions between 1773 and 1797.²³

The popularity of self-care medical publications was due to the new approach to medical self-help and the unprecedented amount of easily accessible information available to the literate Irish consumer. These publications were often written by physicians whose aim was to 'render

²¹ TCD, MS. 9218, Townley Hall account book, c.1825–8.

²² Hannah Glasse, *The Art of Cookery Made Plain and Easy, Which far Exceeds Anything of the Kind ever yet Published ... Being Enriched with Great Variety of Receipts from the Best Treatises on this Subject* (Dublin, 1762); Sarah Harrison, *The Housekeeper's Pocket-book and Compleat Family Cook. Containing about Seven Hundred Curious and Uncommon Receipts* (Dublin, 1738).

²³ J. Kelly, 'Domestic medication and medical care in late early modern Ireland', in *Ireland and Medicine in the 17th and 18th Centuries*, ed. J. Kelly and F. Clarke (Surrey, 2010), pp. 109–35, at p. 127.

‘She said she was in the family way’

medicine more universally useful’, by giving medical advice on how to diagnose and treat diseases in an open, frank and undisguised way.²⁴ They taught the reader how to tend to the sick and prescribed various herbal remedies, which were to be mixed, distilled or compounded. Their books provided a safe alternative to quack and patent medicines, which were unreliable and often dangerous to administer.

Most domestic medical books identified the mother as the central figure in caring for children’s health. This is exemplified in Buchan’s *Domestic Medicine*, in which he stated that ‘Nothing can be more preposterous than a mother who thinks it below her to take care of her own child, or is so ignorant as not to know what is proper to be done for it’.²⁵ Other publications were also targeted at women, emphasizing their roles as mothers and guardians of family health. Most notable were John Ball’s *The Female Physician or Every Woman her Own Doctor*, published in Dublin in 1771, and Buchan’s *Some Friendly Cautions to the Heads of Families*, published in Dublin twenty years later.²⁶ The medical books often included illustrations of women taking care of sick children, which again emphasized the significant role that self-care remedies played in the health of children and the importance of mothers in preparing and administering these concoctions. Texts such as these provided a wealth of information for women including directories, chapters and indexes on the signs and symptoms of infantile diseases and advice on how to care for children through food, diet, breastfeeding and medicinal remedies. Common features were the inclusion of tables specifying the quantities of particular medicines to be administered to children and adults. A number of domestic medical publications such as Charles Butler’s *Medicine Chest Directory, and Family Catalogue of Drugs, Chemicals, etc.* (third edition), published in Dublin in 1832, outlined and illustrated the different portions and dosages in a standard table for their readers. Medical opinion advised that in prescribing a medicine to a child, the measurement should be a fraction of that which was required for an adult. Measurements were outlined both in fractions and weight. For example, an infant under one year required only one twelfth or five grains of an adult dosage; a two year old, one eighth or eight grains; a three year old, one sixth or ten grains, and so on.²⁷ It is evident that these tables

²⁴ Buchan, *Domestic Medicine*, p. xix.

²⁵ Buchan, *Domestic Medicine*, p. 2.

²⁶ William Buchan, *Some Friendly Cautions to the Heads of Families, to which are Added, Ample Directions to Nurses Who Attend the Sick. And Women in Child-bed &c by the Late Sir Thomas Bell, M.D.* (Dublin, 1791); John Ball, *The Female Physician or Every Woman her Own Doctor* (Dublin, 1771).

²⁷ Charles Butler, *Butler’s Medicine Chest Directory and Family Catalogue of Drugs, Chemicals, etc.* (3rd edn., Dublin, 1832), p. viii.

Medicinal care in the eighteenth- and early nineteenth-century Irish home and proportion sizes were exceptionally useful in helping women to gauge the required proportions for their infants and small children. Meticulously transcribed on one of the first pages of Lady Florence's medicinal pocketbook were the data from one of these tables. Doubtless, she referred to this table when she administered medicine to her children.²⁸

Exchanging advice on medicinal remedies for children

While the printed press was an important source for accessing knowledge about household medicines, oral exchange continued to be an essential means through which medical advice was circulated.²⁹ Medical information and advice on childcare was often acquired through informal social networks and exchanged during social visits or circulated through letters. The evidence for this is exemplified by the manner in which remedies were compiled in household pocketbooks. Lady Florence Townley Balfour's pocketbook, for example, included a number of handwritten remedies on scraps of paper and letters, which were glued into the bound books.

The credibility that Lady Florence gave to specific recipes seems to have depended on her estimation of the trustworthiness of the donor, who was usually a friend or a family member. The social and familial ties between recipe donor and compiler placed the exchange within 'safe parameters'.³⁰ The recipes that patients received from a physician or medical practitioner were also exchanged between friends and family, and the trustworthiness placed on remedies from the medical profession also depended on the credibility of the physician. Remedies from esteemed European physicians such as Dr. Mead, Dr. Boerhaave and Dr. James Reynolds were widely circulated and collected in Lady Florence's pocketbook and in the Townley Hall receipt book.³¹ Often, however, women did not rely on one medicinal remedy per illness. Instead, they collected a number of remedies and as much information as was possible about particular illnesses. If one remedy failed to work, they could consult other recipes and medical advice recorded in their pocketbooks.³²

²⁸ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

²⁹ E. Leong and S. Pennell, 'Recipe collections and the currency of medical knowledge in the early modern medical marketplace', in *Medicine and the Market in England and its Colonies*, ed. P. Wallis and M. S. Jenner (Basingstoke, 2007), pp. 133–52.

³⁰ Leong and Pennell, 'Recipe collections', p. 139.

³¹ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800; NLI, MS. 9560, book of recipes and prescriptions, late 18th century.

³² Evidence of the collection of numerous remedies is exemplified in the pocketbook of Jane Burton, which contains at least 11 remedies for colic sourced from a number of household advice manuals (NLI, MS. 19729, volume of cookery recipes, medical prescriptions and household hints compiled by Jane Burton).

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Irrespective of the severity of the illnesses suffered by children (which in the case of Lady Florence’s ranged from sore and weak eyes to more serious fevers, measles, sore throats, colic and jaundice), other mothers were eager to offer advice and suggest remedies. When one of Lady Florence’s youngest children suffered from whooping cough, a number of women offered her advice. Mrs. Armstrong from Slane provided one remedy in the form of a newspaper extract, which detailed a prescribed remedy from the Royal College of Surgeons. It was highly recommended by Mrs. Armstrong, who claimed ‘that this remedy cured her children in 1815’.³³ Another remedy for the same ailment came from Lady Miller, with a note that the relief it provided was immediate and that the child’s illness ‘should be cured in general within five or six days’.³⁴

Growing, preparing and purchasing remedies for children

The remedies recorded by Lady Florence for her children were a combination of waters, syrups, tinctures and balms. They were compiled from common herbs and spices such as rosemary, saffron, poppy and lavender, and from the most common of all the ingredients used in domestic medicines for children and infants, nutmeg and rhubarb. Many of these ingredients were regularly recommended by physicians for infantile remedies. Some of the remedies recorded in Irish women’s pocketbooks called for the use of ‘fresh’ ingredients, such as ‘fresh lavender’ and herbs that were ‘best gathered in the month of July’.³⁵ Lady Florence recorded a remedy for the ‘Gripe in Infants’, which consisted of ‘camomile flowers and juniper berries’.³⁶ Most of these newly picked ingredients could have been obtained from Lady Florence’s own extensive fruit and herb gardens on the Townley Hall estate.³⁷

The preparation of medicinal recipes involved the same skills as the preparation of food, for example grinding, weighing, distilling, drying, purifying, heating and cooling.³⁸ Most women would have acquired these

³³ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour’s book of recipes and prescriptions, c.1800.

³⁴ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour’s book of recipes and prescriptions, c.1800.

³⁵ NLI, MS. 14091, a collection of domestic recipes and medical prescriptions, late 18th–early 19th century.

³⁶ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour’s book of recipes and prescriptions, c.1800.

³⁷ F. Mitchell, ‘The evolution of Townley Hall’, *Irish Georgian Society Bulletin*, xxx (1987), 1–61, at pp. 53–5.

³⁸ L. Hunter, ‘Women and domestic medicine: lady experimenters, 1570–1620’, in *Women Science and Medicine, 1500–1700: Mothers and Sisters of the Royal Society*, ed. L. Hunter and S. Hutton (Sutton, 1997), pp. 89–107, at p. 98.

skills through observation of their mothers, or their own apothecaries and physicians.³⁹ The methods typically involved in preparing a remedy can be seen in the recipes that Lady Florence recorded for the senna mixture, which consisted of 'a packet of senna leaves ... Epsom salt one ounce, cardamoms seeds 15 grains, boil them for ten minutes in a pint of water, then strain off the liquor and add two table spoonfuls of tincture of senna and two spoonfuls of honey'.⁴⁰ The preparation of remedies was frequently a time-consuming and labour-intensive process and it might take several weeks to complete one remedy. For example, in Lady Florence's recipe for an ointment for sore eyes, she recorded that the mixture had to be 'set in the sun to clarify for three weeks'.⁴¹ One of the most common and simplest mixtures made for infants was pap, a substance consisting of a mixture of bread soaked in water or milk or, alternatively, a mixture known as panda, which consisted of cereals cooked in broth. These substances were used as a supplement to animals' milk, especially when an infant failed to thrive.

From the mid eighteenth century, the market for the preparation of self-care remedies greatly increased. It was part of the mother's household role to negotiate this market in order to obtain the best medicines and ingredients. During this period there was a burgeoning seed industry in Dublin. This development allowed for the greater availability of plants and herbs that had medicinal virtues.⁴² Trade catalogues from seed merchants in Dublin and the provinces provide evidence of their extensive holdings of medicinal plants and herbs.⁴³ By the late eighteenth century, shop-purchased, pre-prepared remedies became widely available and began to replace items that had traditionally been made up at home.⁴⁴ Prepared remedies sold in medicine chests could be bought in apothecary shops, which were to be found in the majority of cities and towns by the late eighteenth century. Irish apothecary shops developed marketing strategies for the sale of self-care remedies, which emphasized the importance of medical chests in maintaining family health. The Dublin apothecary Charles Butler produced

³⁹ Hunter, 'Women and domestic medicine', p. 98.

⁴⁰ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

⁴¹ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour's book of recipes and prescriptions, c.1800.

⁴² See T. Barnard, *Making the Grand Figure: Lives and Possessions in Ireland, 1641-1770* (2004).

⁴³ Evidence of extensive holdings of medical plants can be found in Edwards Brays catalogue of stock (NLI, Fingal papers, 1780-99, MS. 8036); NLI, Ephemera Collection, Williams Frew catalogue of seeds.

⁴⁴ See L. Weatherill, *Consumer Behaviour and Material Culture in Britain 1600-1760* (2nd edn., 1996).

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trade catalogues, advertising his production of prepared medicinal remedies in his Medical Hall on Sackville Street, which were said to cure a variety of diseases commonly suffered by family members.⁴⁵

From the mid eighteenth century, in addition to printed literature and pre-prepared medicines, the market also boasted a vast array of commodities that were designed specifically for administering remedies to young children and infants. The development of new commodities for domestic medical use was facilitated by the expansion of more cheaply made materials. Silver had long been associated with children and medical commodities. To be born ‘with a silver spoon’ had a literal meaning. A gift of silver for a child was a store of wealth for the future. The hygienic characteristics associated with silver also meant that it was used for spoons, feeding cups and porringers in the nurseries of wealthy households. In the mid eighteenth century, however, cheaper goods made from flint glass, earthenware and plated silver began to be manufactured and sold.⁴⁶ For example, cream coloured earthenware, brought to perfection by the experiments of Josiah Wedgwood in the 1760s, was hygienic in use and proved ideal for a range of medical applications and commodities that could be used in administering both food and medicinal remedies to young children. Wedgwood produced a selection of pap bowls and feeding cups, which were marketed as ‘physic cups’. Evidence of the impact of these innovations is clear from the national collections held in Ireland. The National Museum of Ireland, for instance, holds a number of these implements, most notably teeters, pap bowls and spoons.

Among the most popular commodities were pap bowls, which were commonly used to administer pap or panda. Pap bowls, often called pap boats, were flat, open vessels or boat-shaped, with a narrower front end, and could hold two to three ounces of the liquid mixture. The pap boat included a spoon with a hollow stem so that the pap or panda could be blown down the infant’s throat. An analysis of a number of pocketbooks also demonstrates that spoons were one of the most common objects used in administering medicines to infants. The recipes in manuscript pocketbooks often specified measurements in terms of spoonfuls. For example, Lady Florence’s pocketbook included instructions to ‘give an infant the fourth part of a table spoonful four times a day, for a child two or three years, half a table spoonful may be taken every three or four hours, till the complaint is removed’.⁴⁷

⁴⁵ Butler, *Butler’s Medicine Chest*.

⁴⁶ See M. Berg, *The Age of Manufacturers 1700–1820: Industry, Innovation and Work in Britain* (2007); M. Berg and H. Clifford, *Consumers and Luxury: Consumer Culture in Europe, 1650–1850* (Manchester, 1999).

⁴⁷ NLI, Townley Hall papers, MS. 9561, Lady Florence Balfour’s book of recipes and prescriptions, c.1800.

Conclusion

The evidence provided in Lady Florence's pocketbook would suggest that the administration of children's medical care was an intrinsic part of a woman's household management. Lady Florence's role in recording, making and using these remedies provides an insight into a mother's role in caring for the health of her family. As a significant number of household medicinal pocketbooks have survived in collections of Irish family papers, it can be assumed that other wealthy and literate mothers like Lady Florence used their compendiums of remedies for guidance on how to care for sick children.

In addition to providing a personal account of family health, Lady Florence's pocketbook also offers evidence of the expanding consumer market in eighteenth-century Ireland for books and commodities that were used for self-care and the composition of domestic medicines. Her inclusion of remedies recorded from books and newspapers demonstrates the variety of accessible information that was available to mothers during this period.

7. The chrysalis in the cradle

Elaine Murray

The material history of the cradle can be used as a means of exploring attitudes towards infants in Ireland in the eighteenth and nineteenth centuries. Cradles can be considered in relation to concepts of domesticity and childcare and they can also be used to highlight changes in the ideology of motherhood and childhood. The seemingly simple decision to place infants in a cradle to sleep for the night is 'saturated by multiple layers of cultural significance'.¹ Through the cradle, the 'brief lives of the mothers and children who used them can for a moment be relived'.²

For most of human history, infants have slept in the company of others, mainly their mothers. This physical proximity of the baby facilitated feeding as well as helping with the bonding process of mother and child. However, the protective possibilities of sleeping with one's child also carried the risk of suffocation by the parent. The development of laws concerning the suffocation and 'overlying' of infants resulted in the increased popularity of the cradle. The church strongly advised that infants sleep in their own cradle until the age of three.³ The first specific English law against co-sleeping with infants was passed by the church as early as the ninth century.⁴ The arrival of the cradle has been credited with turning an infant's sleeping practice from a social to a solitary affair. During the eighteenth century, in many rural households, the practice of babies sleeping in close proximity to other family members was largely abandoned in favour of cradles. Jackson has argued that:

In the long evolution of baby care, from in-arms carrying to the sling and finally the cot, the cradle plays a crucial role. While slings, baskets and cradleboards

¹ J. Derevenski, *Children and Material Culture* (2000), p. 17.

² S. Kevil-Davies, *Yesterday's Children: the Antiques and History of Childcare* (Suffolk, 1991), p. 13.

³ M. McLaughlin, 'Survivors and surrogates: children and parents from the 9th century to the 13th century', in *The History of Childhood: the Untold Story of Child Abuse*, ed. L. de Mause (New York, 1988), pp. 101–81, at p. 116.

⁴ According to Mary McLaughlin, the law noted that the punishment 'for the suffocation of a child in bed after baptism was forty days penance on bread, water and vegetables and abstention from intercourse for a year' (McLaughlin, 'Survivors and surrogates', p. 117). It is not clear if a similar law applied in Ireland.

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allowed babies to be held, the cradle was a tentative step towards separation. It was a real item of baby furniture and it swiftly became an icon of maternity.⁵

The research for this chapter is based on a catalogue of forty-four Irish cradles, the majority of which were made locally in Ireland. I located these cradles in castles, historic houses, museums and heritage centres, as well as in private collections. The catalogue includes fifteen cradles from the province of Connacht, twelve from Ulster, nine from Munster and eight from Leinster. This sample includes ‘ordinary’ cradles of rural Ireland as well as pieces used in higher class homes. These cradles were evidently considered sufficiently important to keep, for economic, sentimental or other reasons. Cradles were usually made sufficiently large to accommodate a child of up to three or four years of age and thus constituted substantial pieces of furniture. Further work is needed to reveal the locations of other cradles in Ireland.

Claudia Kinmonth describes the primary function of a cradle as ‘providing a warm, dry sleeping space raised up from the floor covered with some sort of canopy over the sleeper’s head’.⁶ Draughts were always a problem in poorer houses, as were falling debris, drips and dust from overhead roofs. Consequently, the cradle was calculated to lie beneath smoke level while high enough to protect the infant from draughts. Thirty-four of the cradles in the catalogue have hoods of some description. Most of the hooded cradles from Connacht are flat-topped, whereas cradles located in the province of Ulster generally have a more rounded shape. The cradles from Ulster are also somewhat more elaborate, with greater attention having been paid to corner posts and hood designs. Thirty-nine cradles in the catalogue have rockers. Country cradles generally had larger rockers than their urban counterparts, which perhaps offered more stability on uneven surfaces. In general, country cradles seem to have a more robust and weathered appearance than urban cradles.

Of the cradles catalogued, thirty-six are wooden and eight are wickerwork. The most popular design is a hooded cradle made with panelled, slightly sloped sides, four corner posts and rockers. Five plain box-shape cradles have been located, along with six standing cots and cribs, and one swinging cot. The earlier seventeenth-century cradles are made from oak, while pine became more popular in the eighteenth and nineteenth centuries. Many of the cradles were painted. At least five have also been painted on the inside in a pale blue colour.

Several of the cradles in the catalogue have been altered or repaired since they were first made. For example, a cradle located in County Monaghan

⁵ D. Jackson, *Baby Wisdom* (2002), p. 10.

⁶ C. Kinmonth, *Irish Country Furniture, 1700–1950* (1993), p. 125.

boasts fabric strips on the underside of the rockers, which may have been a later addition or a replacement for older strips. Such adjustments indicate a desire to increase the durability of cradles. Other cradles have been repainted, similarly suggesting that they were used and re-used by families. While some cradles have been carefully restored, others are currently in pieces.

The earliest and most elaborate cradle in the catalogue dates to 1657 and is part of the folklife collection in Bunratty Castle, County Clare.⁷ In her discussion of Irish cradles, Fionnuala Carragher noted that 'decoration is invariably restricted to the shaped outline of the hood and sides, finials on the corner and in the frequent slight shaping of the rockers'.⁸ The Bunratty cradle is a hooded oak cradle, panelled at the sides and ends with decorative lozenge carving and unusually shaped rockers. It would have been upholstered with expensive fabrics. Another noticeably plainer oak cradle is in the National Museum of Ireland collection at Collins Barracks, Dublin and dates to around 1700. It has a simple but sound construction



Figure 7.1. Late seventeenth-century oak cradle (courtesy of Ulster Folk and Transport Museum, Cultra, Co. Down).

⁷ Royal babies had two cradles, one for daytime or state use and a smaller one for night time use (see F. Carragher, 'Irish cradles: an introductory look', *Regional Furniture*, vi (1992), p. 53).

⁸ Carragher, 'Irish cradles', p. 53.



Figure 7.2. Nineteenth-century Aran wickerwork cradle (courtesy of the National Museum of Ireland).

and is an excellent example of the high standard of workmanship that was afforded these substantial pieces of furniture. Three other cradles in the catalogue are made from oak (see, e.g., Figure 7.1). By its nature, oak is tough, long-lasting and heavy, hardening to an iron-like strength with age.

The perishable nature of ‘country’-style wickerwork cradles means that many have not survived. Irish wickerwork cradles were usually made from willow, which is a tough and elastic material that does not splinter under strain. Its close grain can also withstand the effects of woodworm. The end result was a cradle that was light yet sturdy and could easily be moved when necessary. A wicker cradle could also be replaced cheaply and quickly. Wickerwork cradles were often used as additional ‘second-best’ cradles in wealthy urban homes. Among the contents of Burton Hall, County Cork in 1686 were, for example, ‘two twigg cradles’.⁹ The highest concentration of

⁹ R. Ffolliott and B. de Breffny, ‘The contents of Burton Hall, Co. Cork 1686’, *The Irish Ancestor*, v (1973), 104–13, at p. 107.



Figure 7.3. Nineteenth-century cradle, tea caddy and horse collar (courtesy of Wildlife and Heritage Centre, Clontibret, Co. Monaghan).

surviving wicker cradles occurs in the west of Ireland and many examples can be found in the Museum of Country Life in Turlough Park, County Mayo (Figure 7.2). In *The Aran Islands*, J. M. Synge paints a rather unflattering view of such cradles: 'It is made of clumsy wicker work, with two pieces of rough wood fastened underneath to serve as rockers, and all the time I am in my room I can hear it bumping on the floor with extraordinary violence'.¹⁰ Wicker cradles from the Aran Islands are generally rectangular in shape and have a straight-sided deep hood. Other wickerwork examples in the catalogue have a rounded appearance, with a lower set hood.

Though cradles were relatively inexpensive, it is likely that the very poorest of families managed without them. In these cases, the infant sometimes slept on bedding in an empty drawer. Other frequently used alternatives included a horse's collar or a tea caddy. In fact, it would seem that almost every conceivable kind of receptacle was considered by those with limited resources (Figure 7.3). The cross-section of styles underlines how cradles were affected by cultural context, the timber available, types of housing, fashion and taste, workmanship and persistence of local crafts and traditions. Some cradles bear the uniformly neat precision of the craftsman, others

¹⁰ J. M. Synge, *The Aran Islands* (1992), p. 25.



Figure 7.4. Mid eighteenth-century pine cradle (courtesy of Ulster Folk and Transport Museum, Cultra, Co. Down).

the minor idiosyncrasies that suggest the homemade. From functionalism and frugality to the elaborate and expensive, they all serve a basic desire to induce sleep.¹¹

Through the careful placement of the cradle, infants were ‘set down in the main hub of the house’.¹² During the daytime the cradle was placed in the kitchen, near the warmth of the hearth (Figure 7.4), surrounded by constant activity. One early nineteenth-century diary writer described a scene at the home of Mick Dillon, whose wife had died in childbirth four months previously: ‘His eldest daughter sat spinning. His infant lay asleep in the cradle. He wanted it to be taken up to show us. Softly he turned the cradle to show us the lovely babe whom he took from a nurse, whom he thought did not do it virtue and now takes care of it himself’.¹³ A piece of string was often attached to one of the corner posts to allow for gentle tugging by the carer while they completed other tasks nearby. Twenty-one cradles in the catalogue have corner posts, which vary in design from the elongated and elaborately tapered Ulster examples to the shorter and plainer rural posts. The posts were also used for winding wool, airing

¹¹ For further discussion, see Kinmonth, *Irish Country Furniture*, p. 128.

¹² Jackson, *Baby Wisdom*, p. 10.

¹³ NLI, MS. 9330, anonymous diary entry, 1823.



Figure 7.5. William Brocas, A mother seated with an infant on her knee and a baby in a cradle beside her, c.1814 (courtesy of The National Library of Ireland).

swaddling bands and tying on sugar treats or other ‘unsuitable morsels of food to keep the occupant busy while the mother got on with her work’.¹⁴ At night it was customary for the cradle to be placed within easy reach of the bed. During the day and at night, therefore, the cradle occupied an important place within the Irish household.

Care of infants

During the eighteenth century, the desire for a large family was virtually universal in most Irish homes. By the time an occupant had outgrown the cradle, another sibling would usually have arrived to take up residence. This is illustrated in a sketch by the Irish artist William Brocas, dating from the early nineteenth century; a mother cradles an infant on her lap while a younger child sleeps in a cradle beside her (Figure 7.5).

As Emma O’Toole argued in the previous chapter, childcare information, like the family cradle, was passed down from one generation to the next. Infant care practices were deeply rooted in culture and ‘represented the end results of generations of experience and conviction’.¹⁵ After the baby had been delivered, it was customary for the newborn infant to be given a wash in warm salty water, then be wrapped cocoon-like in swaddling bands and

¹⁴ Kinmonth, *Irish Country Furniture*, p. 127.

¹⁵ Kevill-Davies, *Yesterday’s Children*, p. 143.

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‘laid in the cradle to sleep off the after effects of birth’.¹⁶ Swaddling consisted of bandaging the baby’s body with a cloth to encase the arms and feet. It was felt that swaddling encouraged babies to sleep more, it made the infant bundle easy to carry and, most importantly, it was thought to protect the baby’s fragile limbs from harm.¹⁷ Some cradles had slots or knobs on either side, which, with the aid of bands or tapes, were used to secure the infant bundle safely into bed. The striking visual resemblance of a swaddled baby to a pupa prompted one author to suggest that an infant was ‘as unlike a fully formed human being as the chrysalis is unlike a butterfly ... encased in a hard outer shell’.¹⁸ By the nineteenth century, swaddling was less common. None of the cradles in the catalogue currently boasts slots or knobs.

The use of a cradle in turn generated a requirement for suitable bedding and led to what some perceived as the ‘claustrophobia of the cradle’.¹⁹ Christopher Gilbert has explained that ‘Like their elders, children were half buried under a mountainous pile of bedclothes, for a high temperature in the nursery and an absence of ventilation was considered indispensable to health’.²⁰ The chosen bedding varied according to locally available materials and the prosperity of the parents. Most cradles were lined with a bed of rushes, a straw mattress, a sheet and pillow, blankets and a coverlet. It seems probable that the rushes were replaced regularly and that a dry straw mattress was provided for the infant. Wealthy parents could indulge in the arrangement and rearrangement of featherbeds, lawn, silks, laces, quilted satins and pillows that provided ‘warmth, comfort, status and a suitable stage setting’.²¹ The will of Thomas Butler, tenth earl of Ormond (1532–1614), lists a cradle as the first item and states that ‘my said daughter shall have my household stuff. A canopy of bleu velvet and a cradle with two curtains’.²² Another, later inventory taken from an Irish family at Kingston Hall, County Dublin, on 29 September 1689, lists a ‘lined blue damaske cradle’.²³ Sir Baldwin Conyers also lists a ‘cradle lined with bleu damask’ among his possessions in 1731.²⁴ An account of items belonging to infant Daniel McMahon after his death on 1 August 1747 lists ‘a cradle with a bed and quilt, two pillows, a gown, 4 petticoats, 6 caps, 6 binders, 4 bibbs,

¹⁶ Kevill-Davies, *Yesterday’s Children*, p. 25.

¹⁷ P. Cunningham, *Costume for Births, Marriages and Deaths* (1972), p. 28.

¹⁸ E. Langmuir, *Imagining Childhood* (2006), p. 103.

¹⁹ G. O’Hara, *The World of the Baby: a Celebration of Infancy Through the Ages* (1989), p. 97.

²⁰ C. Gilbert, *English Vernacular Furniture, 1750–1900* (1991), p. 275.

²¹ C. White, *The World of the Nursery* (1984), p. 22.

²² J. Fenlon, *Goods and Chattels: a Survey of Early Household Inventories in Ireland* (Dublin, 2003), p. 18.

²³ NLI, MS. 2521, Kingston Hall inventory, 29 Sept. 1689.

²⁴ NLI, MS. 4897, inventory of Sir Baldwin Conyers, 1731.



Figure 7.6. Nineteenth-century pine cradle (courtesy of Loop Head Farmhouse, Bunratty Folk Park, Co. Clare).

3 cradle blankets, 2 pillows, 3 pairs of sheets and one pair of shoes'.²⁵ An inventory from Munster in the 1740s shows that those who could afford it used 'a cradle with a bed and quilt and two pillows, as well as three cradle blankets'.²⁶ Coverings were more economical in poorer Irish households, where cut-down adult versions of plaited straw mats, rushes, knit, weave, patchwork and old garments provided warmth and insulation within the cradle, as illustrated in Figure 7.6. Homemade quilts were popular in rural households and were often draped over the hood of the cradle to provide extra insulation. The practice of spreading a father's jacket across the cradle to protect the child from harm was widespread.²⁷

Many Irish folklore beliefs during this period related to the cradle and it

²⁵ Ffolliott and de Breffny, 'Contents of Burton Hall', p. 23.

²⁶ Kinmonth, *Irish Country Furniture*, p. 173.

²⁷ E. Evans, *Irish Folk Ways* (1957), p. 289.

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Figure 7.7. Nineteenth-century pine cradle (courtesy of Hennigan's Heritage Centre, Co. Mayo).



Figure 7.8. Nineteenth-century pine cradle engraved corner post detail (courtesy of Hennigan's Heritage Centre, Co. Mayo).

might be suggested that no other piece of Irish furniture was so submerged in the supernatural as the cradle.²⁸ The period before and after the birth of a baby was ‘hedged with all kinds of prohibitions and precautions’.²⁹ It was believed that a child born with a ‘caul’, an afterbirth membrane that covered the head, would never drown.³⁰ This so-called ‘caipin an tsonais’ was consequently often positioned near the cradle.³¹ Salt was considered obnoxious to the evil eye and was therefore often sprinkled over a baby’s cradle. The power of metal was also invoked; keys, knives, a pair of scissors or a fire tongs were often placed in or above a cradle.³² An open bible placed near the cradle was another popular means of averting danger outside Ireland.³³ Catholic mothers recited ‘incantations over the cradle to avert sudden death in the night’.³⁴ Religious items were also placed in the vicinity of the cradle or crude crosses were carved into them in a blurring of religion and vernacular belief. A nineteenth-century basic boarded cradle located at Hennigan’s Heritage Centre in County Mayo bears cross shapes carved into the top of each of the corner posts (Figures 7.7 and 7.8).

The cradle also featured in Irish folklore accounts, particularly in ‘changeling’ stories. It could be argued that references to the cradle lent credibility to such tales and helped to connect the fantastic to a piece of furniture that existed in almost every household. It was believed that:

a baby should never be left alone in its cradle and unguarded, but if it must be left, then it should be first circumscribed by fire: walk around the cradle with a bit of lighted peat or a burning coal – even making a circle around the child with a lighted taper or match will do the trick – for beyond a fire circle the fairies cannot pass.³⁵

An account in the National Folklore Collection outlines the story of an attempted abduction of a child by fairies which was thwarted by the presence of a steel needle within the cradle.³⁶ An interviewee from County Cork described how ‘the changeling loved music but was frightened of

²⁸ Kevill-Davies, *Yesterday’s Children*, p. 106.

²⁹ S. O’Cathain, *The Bedside Book of Irish Folklore* (Dublin, 1980), p. 94.

³⁰ B. Mahon, *Irish Folklore* (Cork, 2001), p. 64.

³¹ D. O’Hogan, *Irish Superstition* (Dublin, 1995), p. 68.

³² J. Geddes, *Small World: a History of Baby Care from the Stone Age to the Spock Age* (1966), p. 42.

³³ Geddes, *Small World*, p. 43.

³⁴ F. Davis, *A Picture History of Furniture* (1958), p. 35.

³⁵ R. Gilbert, *Irish Folklore and Mythology in the 19th Century* (6 vols., Dublin, 1920), i. 245.

³⁶ University College Dublin, National Folklore Collection, MS. 407, pp. 101–2, Co. Mayo, 1960s.

‘She said she was in the family way’

iron and fire. If either was brought near the cradle, the changeling would jump up and disappear out the door, to be replaced shortly by the stolen child’.³⁷

Each of the forty-four cradles in the catalogue upon which this chapter is based could be classified as domestic. Outside the home, cradles were used in orphanages and foundling hospitals during the eighteenth century. From the mid eighteenth century, thousands of unwanted babies were brought to the Foundling Hospital in Dublin by professional foundling carriers.³⁸ As a result of high mortality in the Dublin Foundling Hospital, the Irish House of Commons commissioned a report on conditions within the hospital in 1797. The first room examined by members of the committee was a nursery that was home to sixteen infants: ‘all the children except for one were confined to their cradles although most of them were awake’. In the infirmary, which was described as a black and gloomy apartment, the inspectors found eighteen children, ‘lying three and four together in filthy cradles’. The report of the committee denounced the ‘savage cruelty’ of the Foundling Hospital and recommended a series of reforms. As a result, the cradles in the hospital, which were found to be ‘alive with vermin’, were burned.³⁹ This may suggest why cradles from institutions are absent from the catalogue.

Conclusion

The political beliefs, rituals, ideologies and myths that surrounded the cradle mean that it belongs to a wide cultural landscape. Thus, the cradle does not offer a simple single perspective, rather a ‘vast, rich, disordered matrix of ideas’.⁴⁰ The cradle may be somewhere for the child to be ‘protected, rested, displayed, amused, nursed, punished, fondly remembered or menaced. It is a place of quiet, fun, imagination, nightmare and terror – in short, a place of contradiction’.⁴¹

For those confined to the cradle, we must marvel at their resilience during that ‘brief time at the beginning of human life’.⁴² Of all the other types of baby furniture, no piece has inspired the level of painting, poetry, songs, admiration and fierce denunciation as the cradle. As far back as the thirteenth century, an English childcare expert, Bartholemew, claimed

³⁷ Mahon, *Irish Folklore*, p. 46.

³⁸ C. Maxwell, *Dublin under the Georges, 1714–1830* (Dublin, 1936), p. 132. See also J. Robins, *The Lost Children: a Study of Charity Children in Ireland, 1700–1900* (Dublin, 1980), pp. 10–59.

³⁹ Maxwell, *Dublin under the Georges*, p. 134.

⁴⁰ O’Hara, *World of the Baby*, p. 8.

⁴¹ P. Sidler, *The Material World of Children* (1997), p. 59.

⁴² White, *World of the Nursery*, p. 67.

that cradle rocking improved a baby's digestion.⁴³ The cradle was viewed as a safe, soothing and healthy way to raise a child and, as noted above, 'ecclesiastical authorities stipulated that children should sleep in them until the age of three'.⁴⁴ Conversely, sixteenth-century physicians determined that the motion of a cradle was likely to make the baby sick and damage his or her internal organs.⁴⁵ By the late eighteenth century, the cradle had become an object of public controversy. Novels and educational, medical and philosophical treatises warned against the dangers of rocking an infant in the cradle. Doctors claimed that it was 'never necessary and often harmful to rock children in the cradle'.⁴⁶ In *Some Thoughts Concerning Education*, which first appeared in 1693 and was reprinted many times in the eighteenth century, John Locke (1632–1704) suggested that infants should not get used to set routines but rather that they should be exposed to a variety of sleeping surfaces.⁴⁷ In a similar fashion, another highly influential writer, Jean Jacques Rousseau (1712–78), wrote about the damaging effect of the jostling nature of being rocked in a cradle. He argued that 'maternal instinct was in short supply' and that 'ignorance, superstition and imperfectly applied reasoning triumphed over instinct'.⁴⁸

Once heralded as a safe haven from overlying, the cradle came to be perceived as a tool of infant abuse. The use of cradles, therefore, courted controversy and cradle-rocking eventually became 'too fanatical for its own good'.⁴⁹ Doctors rallied against the customary rocking of infants, 'which puts the babe into a dazed condition, in order that he may not trouble those that take care of him'.⁵⁰ As one set of ideas concerning infant care was abandoned for another, the accoutrements and attitudes relating to infant sleep were discarded by many and the crib was created. Jackson has described the crib as a 'static imposing piece of furniture which was to change the infant sleep environment forever'.⁵¹ Many eighteenth-century mothers liked anything that sounded 'modern' and 'scientific' and the cradle, now thought to be old-fashioned, was considered 'the worst of all crimes'.⁵² A relic of old-fashioned days, it was consigned to museums and the set-piece nurseries of stately homes. By the end of the nineteenth

⁴³ Jackson, *Baby Wisdom*, p. 10.

⁴⁴ Jackson, *Baby Wisdom*, p. 11.

⁴⁵ O'Hara, *World of the Baby*, p. 46.

⁴⁶ Kevill-Davies, *Yesterday's Children*, p. 114.

⁴⁷ A. Fletcher, *Growing up in England: the Experience of Childhood 1600-1914* (2008), p. 6.

⁴⁸ Kevill-Davies, *Yesterday's Children*, p. 10.

⁴⁹ Jackson, *Baby Wisdom*, p. 11.

⁵⁰ Geddes, *Small World*, p. 51.

⁵¹ Jackson, *Baby Wisdom*, p. 12.

⁵² Geddes, *Small World*, p. 2.



Figure 7.9. Early nineteenth-century woven wickerwork cradle (courtesy of Ulster Folk and Transport Museum, Cultra, Co. Down).

century, anyone who still rocked a cradle would have been ‘ashamed to admit such an indulgence’.⁵³ Childcare practices continued to change and in the twenty-first century, physicians believe that rocking actually assists the movement of the intestine, improving muscle tone and distributing digestive juices throughout the tract, while it is also thought that gentle rocking after a feed can ease infant colic.⁵⁴ A close examination of forty-four Irish cradles, coupled with sometimes incidental references to cradles in first-hand narratives, inventories and folklore sources from the period, can reveal much about attitudes to babies and childcare practices in Irish families. A cradle was once among a mother’s most precious possessions and when they had served their purpose they were passed down or kept for sentimental reasons (Figure 7.8). Indeed, its meaning, like the cradle itself, glides easily back and forth.

⁵³ Jackson, *Baby Wisdom*, p. 12.

⁵⁴ Jackson, *Baby Wisdom*, p. 10.

IV. 'The world acted unjustly to women
in this fallen position': unmarried
mothers and 'illegitimate' children*

* *Cork Examiner*, 16 Dec. 1881.

8. 'Found in a "dying" condition': nurse-children in Ireland, 1872–1952

Sarah-Anne Buckley

In 1898, a forty-year-old woman was tried by the recorder of Dublin on two counts of neglect of an illegitimate child she was nursing. The child had been discovered by a National Society for the Prevention of Cruelty to Children inspector in September 1897 and had subsequently died.¹ In court, the inspector testified that 'the prisoner and her husband were unquestionably in very poor circumstances. The latter appeared to have gone down in the world and there was reason to believe he drank'. The doctor's report stated that 'the child was extremely emaciated and in a "dying" condition – the ribs sticking out and the shin of the legs hanging in folds. The weight, which should have been 14 to 18lbs was 4 ½ lbs ... the child suffered from chronic starvation'.² The case is typical of many of those involving children placed at nurse in the nineteenth and twentieth centuries that came to the Irish courts. The child in question was illegitimate, the case came to the attention of an NSPCC inspector (or in other cases after 1897 an infant protection visitor from the local authority), it involved both drink and poverty, and

¹ This chapter draws on research and findings from my PhD thesis (see S. Buckley, 'Protecting "the family cell"? Child welfare, the NSPCC and the state in Ireland, 1880–1944' (unpublished University College Cork PhD thesis, 2010)). See also S. Buckley, 'Child neglect, poverty and class: the NSPCC in Ireland, 1889–1938 – a case study', *Saothar: Journal of Irish Labour History*, xxxiii (2008), 57–72; M. Luddy, 'The early years of the NSPCC in Ireland', *Éire-Ireland*, xlv (2009), 62–90; M. Luddy, *Women and Philanthropy in 19th-Century Ireland* (Cambridge, 1995), pp. 68–96. For a discussion of the NSPCC in Britain, see G. Behlmer, *Child Abuse and Moral Reform in England, 1870–1908* (Stanford, Calif., 1982); T. Cockburn, 'Child abuse and protection: the Manchester boys' and girls' refuges and the NSPCC, 1884–94' (Manchester Sociology Occasional Papers, 1995), pp. 1–44; S. Creighton, *Trends in Child Abuse* (1984); G. Clapton, "'Yesterday's men": the inspectors of the Royal Scottish Society for the Prevention of Cruelty to Children (RSSPCC), 1888–1968', *British Journal of Social Work*, xxxix (2009), 1043–62; H. Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol, 2003); S. Wise, *Child Abuse: the NSPCC Version* (Manchester, 1991); NSPCC, *N.S.P.C.C.: the First 100 Years* (1984).

² In this case, the woman who had taken the child to nurse received nine calendar months in prison per offence with hard labour, to run concurrently. Her husband was acquitted (NAI, Convict Reference Files, O/13/1883).

the abuse appears to have occurred after payment by the mother of the child was stopped, as testified by the defendants. The severity of the case is also apparent, as the doctor’s report demonstrates.

Despite the number of cases that came before the courts, the situation of nurse children in Ireland has received limited attention from historians.³ One exception is the Revd. Cecil Barrett’s 1952 work *Adoption: the Parent, the Child, the Home*, in which Barrett argues that baby-farming scandals in Ireland were the work of a small number of nurses, and did not point to any wider issue involving foster care or adoption.⁴ Internationally, the studies are more expansive, and a number of examinations centre on the history of nurse children and baby-farming in England, Scotland, France and the United States to name a few.⁵ This chapter will address the gap in the literature relating to Ireland, while also placing the care of nurse children in the context of wider issues surrounding the treatment of illegitimate Irish children. It will question why children were placed at nurse and what other options were available to parents (and single mothers in particular). It will look at the preference for institutional provision in Ireland under the Poor Law, which left women especially with few options other than to place their children at nurse. The remainder of the chapter will discuss the visibility and occurrence of ‘baby-farming’ in Ireland. Finally, cases involving nurse children in the courts will be addressed, as will those investigated by the NSPCC.

While it is impossible to record how many children were placed at nurse in total, even after the 1908 Children Act which legislated for the registration of all children within forty-eight hours of their arrival in a nurse’s home, it is possible to examine the cases that came to the attention of the NSPCC

³ See M. J. Maguire, *Precarious Childhood in Post-Independence Ireland* (Manchester, 2009), pp. 75–9.

⁴ C. J. Barrett, *Adoption: the Parent, the Child, the Home* (Dublin, 1952).

⁵ M. L. Arnot, ‘Infant death, child care and the state: the baby-farming scandal and the first Infant Life Protection Legislation of 1872’, *Continuity and Change*, ix (1991), 271–311; S. Broder, ‘Child care or child neglect? Baby farming in late 19th-century Philadelphia’, *Gender and Society*, ii (1988), 128–48; C. Dyhouse, ‘Working-class mothers and infant mortality in England, 1895–1914’, *Journal of Social History*, xii (1978), 248–67; D. J. R. Grey, ‘Discourses of infanticide in England, 1880–1922’ (unpublished Roehampton University PhD thesis, 2008); D. J. R. Grey, ‘“More ignorant and stupid than wilfully cruel”: homicide trials and “baby-farming” in England and Wales in the wake of the Children Act, 1908’, *Crimes and Misdemeanours*, ii (2009), 60–77; U. Henriques, ‘Bastardy and the New Poor Law’, *Past & Present*, xxxvii (1967), 103–29; R. E. Homrighaus, ‘Baby-farming: the care of illegitimate children in England, 1860–1943’ (unpublished University of North Carolina at Chapel Hill PhD thesis, 2003) (rev. edn., 2010, at Historytools <<http://www.historytools.org/babyfarming/baby-farming.html>> [accessed June 2010]); A. Klaus, *Every Child a Lion: the Origins of Maternal and Infant Health Policy in the United States and France, 1890–1920* (Ithaca, NY, 1993).

and the courts. It is also possible to look at attitudes to illegitimacy from the mid nineteenth century in Ireland, and in particular the bind in which many unmarried mothers found themselves. Integral to this are instances of infant murder, which will be referred to throughout.⁶ This work will draw upon the surviving annual reports of the NSPCC branches in Ireland from 1889 to 1950 and the surviving case-files from 1919 to 1940.⁷ In reference to the annual reports, specific sample cases included will also be addressed, as will cases taken from the court records and press reports. Before examining particular cases, however, it is necessary to discuss issues surrounding baby-farming and nurse children generally.

Nurse or 'baby-farmer'?

In this examination, infants placed at nurse were predominantly illegitimate children, who due to economic necessity and the shame of illegitimacy needed to be kept for a number of months or years by someone other than a relative. The women who looked after these infants were known as nurses, and usually took responsibility for care in return for financial reward. This does not mean that women did not become emotionally attached to the children they nursed, but that the primary reason for the undertaking would have been financial. While many cases examined in this article will involve the neglect of a nurse child, this is a result of the records utilized, as well as the press interest in nurse children from the 1860s in Britain, and later Ireland.

From 1867, the term 'baby-farmer' began to be used in Britain and other countries to describe nurses who had taken more than one child to nurse, usually six or more, and had been neglectful in their care. The *British Medical Journal* had been the first to use the term when describing a situation in which a woman's four children died sequentially in the care of the same nurse.⁸ An article entitled 'Baby-farming' insinuated that the

⁶ For a discussion of infanticide in Ireland, see E. Farrell, 'The crime of infanticide and women suspects in Ireland, 1850–1900' (unpublished Queen's University Belfast PhD thesis, 2010); D. Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (2009); C. Rattigan, "'I thought from her appearance that she was in the family way': detecting infanticide cases in Ireland, 1900–21", *Family and Community History*, xi (2008), 134–51; C. Rattigan, "'Done to death by father or relatives": Irish families and infanticide cases 1922–50', *History of the Family*, xiii (2008), 370–83; C. Rattigan, 'What Else Could I Do?' *Single Mothers and Infanticide, Ireland, 1900–50* (Dublin, 2012)

⁷ Sources for this article are taken from the National Society for the Prevention of Cruelty to Children archive, the court records and the press. In the NSPCC archive, materials examined include the annual reports of the society from 1889 to 1950, 247 surviving case-files from 1919 to 1940 and inspectors' books. As a confidentiality agreement was signed, all names and case numbers are pseudonyms.

⁸ See Homrighaus, 'Baby-farming', p. 14.

‘She said she was in the family way’

mother had turned her children over to the ‘baby-farmer’ with the implicit understanding that they would be neglected until they died. In a series of sensationalist pieces published the following year, *BMJ* editor Ernest Hart argued that many baby-farmers committed serial infanticide. His articles attracted a great deal of attention and brought the term ‘baby-farming’ into widespread use. At this point, the term described the practice of adopting children or ‘taking them to nurse’ in exchange for payment. It could refer to sincere foster mothers as well as to women who neglected or abused the infants that they were paid to rear. ‘Baby-farming’ was an accusation, and would not have been the term nurses would have applied to themselves. As Daniel Grey has stated, ‘In normal usage, the term conflated the criminal acts of wilful murderers with the daily labour of honest nurses’.⁹ Opponents of baby-farming found its double meaning useful in their quest to transform the public’s hatred and fear of nurses into support for legislation that would place all paid childcare providers under state supervision. The NSPCC, as will be illustrated, was central to this campaign.

In Ireland, the press and the courts were very reluctant to use the term ‘baby-farming’, and very few did so during the period under examination. This appears to have been related to attitudes surrounding childhood, Irish women and the image of Ireland as a place where cruelty to children did not occur. In 1872, for example, writing in reference to the Infant Life Protection Act, an editorial in the *Irish Times* stated that:

The Act applies to Ireland, although baby farming, in the English meaning of the term, is unknown in this country ... whoever included Ireland within the field of operation under the Act, either know nothing of this country or designed to save the reputation of the baby farmers of England by including Irish nurses in the same category with them.¹⁰

In the courts, while a handful of cases were prosecuted under the ILP Act for baby-farming, the term was not utilized to the same extent as in other countries.¹¹ In fact, the first case was not prosecuted under the ILP Act until 1894. The question is, did this reflect the actual situation and demonstrate that baby-farming was not a problem in Ireland? This article argues that due to a lack of urbanization in Ireland, arrangements involving one or two children being looked after by one nurse appear to have been more common than large-scale baby-farms. This does not mean that illegitimate children needing care was not an issue – on the contrary, it would remain a problem in Ireland

⁹ Grey, “More ignorant and stupid”, p. 64.

¹⁰ *Irish Times*, 7 Nov. 1872.

¹¹ The *Irish Times* regularly ran features on baby-farming in countries such as Britain, Poland, Russia and France, while continuing to expound its rareness in Ireland.

far longer than in Britain – but many arrangements were smaller in scale. Similarly, Ireland's high level of institutionalization of illegitimate children may have diminished the need for large-scale baby-farming. Finally, as will be demonstrated by cases from the courts, baby-farmers and nurses could be charged with a whole range of offences against the person, including murder, manslaughter, infringements of the various Infant Life Protection Acts or the 1908 Children Act, cruelty and neglect. 'Baby-farming' was never a specific offence in its own right, but a deprecatory label. It also related directly to the topic of adoption. Grey argues that in Britain, before the First World War, the subject of child adoption was customarily viewed with suspicion, and associated with 'baby-farming'.¹² In 1926, child adoption was legalized in England and Wales. This did not occur in Ireland until 1952, after being continually blocked by the Catholic hierarchy, yet before this, thousands of babies had been adopted illegally.¹³ In this respect, adoption was a suspicious business in Ireland. However, press reports of children at nurse were what made the papers, not the illegal adoptions that were being carried out by religious organizations and other bodies.

Illegitimacy and nurse children

The question of who cared for illegitimate children is at the heart of any examination of nurse children. When they could find work, usually in domestic service, single mothers either paid nurses to care for their children or gave a lump sum payment (known as a 'premium') to women who thereby 'adopted' their babies. This afforded unmarried mothers a way to cope financially with illegitimacy, and also offered other poor women an opportunity to profit from it. However, illegitimate infants at nurse were usually deprived of breast milk because their mothers had to work and they were therefore more susceptible than breast-fed babies to illness and the digestive complications that accompanied artificial feeding. This contributed to the high mortality rate for illegitimate infants.

Yet without nurses single mothers who lacked the support of family and friends would have found it difficult to keep themselves and their infants out of the workhouse. Few private charities extended their help to unmarried mothers before 1920, and the Poor Law Amendment Act (1834) prohibited guardians from giving outdoor relief to unmarried mothers. In

¹² Grey, "More ignorant and stupid", p. 63.

¹³ On the topic of the illegal adoptions that occurred in Ireland before 1952, see M. J. Maguire, 'Foreign adoptions and the evolution of Irish adoption policy, 1945–52', *Journal of Social History*, xxxvi (2002), 387–404; M. Milotte, *Banished Babies: the Secret History of Ireland's Baby Export Business* (Dublin, 1997). On England, see J. Keating, *A Child for Keeps: the History of Adoption in England, 1918–45* (New York, 2009).

the workhouse, women would be separated from infants up to the age of two years, and industrial schools only took children over the age of six years. From 1862, boarding-out became an option, but as will be illustrated, this policy was not followed uniformly in Ireland. In her recent article on children under the Poor Law, Virginia Crossman traces the history of the boarding-out system, through the prism of efforts by campaigners in Ireland in the mid nineteenth century to remove children from workhouses.¹⁴ This work highlights the enormous diversity of boarding-out experiences, particularly with regard to class and regionalism.

Generally, in contrast to Scotland, the majority of Poor Law children in Ireland and England remained in some form of institutional care throughout the nineteenth century.¹⁵ Integral to Crossman’s examination are conflicting views from Poor Law guardians, the Poor Law commissioners and the Catholic Church regarding nurse children placed in the workhouse, or those needing to be boarded-out. While Catholic critics of the system denounced the workhouse as an unsuitable environment for pauper, orphaned, deserted or illegitimate children, they were not against their own institutional provision. Similarly, variations in the application of boarding-out practices in different Poor Law unions were the result of decisions by individual boards of guardians rather than the Poor Law commissioners.¹⁶ In the 1850s, Poor Law commissioners had accepted the need for boarding-out deserted children, before the campaign for boarding-out had been introduced. In 1862, the Poor Law Amendment Act gave boards of guardians the power to place orphan and deserted children out to nurse up to the age of five years, with the proviso that guardians could extend this to children aged up to eight years with the consent of the Poor Law commissioners if they believed it necessary for the child’s health. Crossman shows how the disagreement over the upper age limit for boarded-out children ‘reflected a fundamental disagreement, not over the ultimate objective being sought – the creation of healthy and productive members of society – but the relative merits of an institutional over a domestic upbringing in an Irish context’.¹⁷ She also states

¹⁴ V. Crossman, “‘Cribbed, contained and confined?’ The care of children under the Irish Poor Law, 1850–1920”, *Éire-Ireland*, xlv (2009), 37–61.

¹⁵ For a discussion of boarding-out in Scotland, see H. J. MacDonald, ‘Boarding-out and the Scottish Poor Law, 1845–1914’, *Scottish Historical Review*, lxxv (1996), 197–220.

¹⁶ Crossman states that ‘the slow take-up of boarding out was a consequence of the misgivings of local guardians, not the poor law commissioners’ (see Crossman, “‘Cribbed, contained and confined?’”, p. 50).

¹⁷ Crossman, “‘Cribbed, contained and confined?’”, p. 46. This has been recently challenged by Caroline Skehill in her article ‘The origins of child welfare under the Poor Law and the emergence of the institutional versus family case debate’, in *Poverty and Welfare in Ireland, 1838–1948*, ed. V. Crossman and P. Gray (Dublin, 2011), pp. 115–28.

that eleven years after its introduction, the system had been adopted in only a minority of unions with a total of 1,526 children boarded-out in 1873.¹⁸ With regard to the unions that did not implement the system, she cites the case of Tralee Union where the guardians had refused to implement the policy. From 1862 to 1872, forty-six of the forty-seven orphan and deserted children admitted to the workhouse had died. In providing an example of those that did implement the system, Crossman uses Cork, as the guardians were very active. In the annual report for 1888, it was recorded that of the 786 children boarded-out since 1862, 17 per cent had been claimed by their parents; 27 per cent had returned to the workhouse and since left; 50 per cent had been adopted by their foster parents; and 5 per cent had died.¹⁹

Crossman's study of the inspectors' reports clearly demonstrates that a number of boards of guardians regarded the allowance given for boarded-out children to foster parents as more beneficial to the latter than to the former. This attitude could never promote an appreciation for parents willing to accept foster children. Similarly, she shows how the system afforded middle-class philanthropists the opportunity to disseminate middle-class values. Yet she is also at pains to highlight that, while the majority of foster parents viewed fostering as a source of income and a means of getting help around the house, 'it is clear that many did become attached to the children in their care'.²⁰ The following section will examine the legislation enacted to protect nurse children.

The Infant Life Protection Act (1872) and the 1908 Children Act

In this country, happily, we have no need for a law to protect infant lives. The foster-mother loves the nurse-child fully as tenderly as she loves her own, and the woman who treated a nurse-child unfairly would suffer at the hands of her own sex penalties more severe than the law could convict.²¹

As the above quotation demonstrates, the 1872 ILP Act was not seen by many in Ireland as a necessity. Yet the act had been the result of years of campaigning by middle-class philanthropists in Britain in particular. It represented an early attempt to make some provision for the protection of neglected or 'deprived' children outside the ambit of the Poor Law or the judiciary. It required those receiving more than one infant for maintenance in return for money payments to register their houses with the local authority. The Infant Life Protection Amendment Act (1897) made it the

¹⁸ Crossman, "Cribbed, contained and confined?", p. 47.

¹⁹ Crossman, "Cribbed, contained and confined?", p. 50.

²⁰ Crossman, "Cribbed, contained and confined?", p. 54.

²¹ *Irish Times*, 21 Dec. 1874.

‘She said she was in the family way’

duty of the local authority to enforce the act. Relatives and guardians of children, hospitals, convalescent homes or institutions ‘established for the protection and care of infants and conducted in good faith’ were exempted from the provisions of both acts, as well as persons maintaining children under any act for the relief of the poor.

In 1908, the Children Act again changed the law with regard to nurse children. Now all foster homes, even those with only one child, were included under the act. It also specifically set out that if a carer or parent could not afford doctors’ fees themselves, they could access a physician through the Poor Law. Indeed, this proviso within the act had in large part been the result of an ongoing controversy between 1868 and 1908 over the extent to which parents were obliged to provide medical care for their children. The act stated that those accepting children into their care would have to register them with the local authorities within forty-eight hours. Failure to do so could result in prosecution. The act also compelled local authorities to inspect the situations of children at nurse once a month, up to the age of seven years.²² The forty-eight-hour period extended to other provisions. For example, the carer had to notify the local authority in writing of a change of address or residence and if an infant died or was removed. If a person violated any of the above provisions, not only would he or she be guilty of an offence under Part 1 of the 1908 act, they would be liable to forfeit the whole or part sum of money received for the child.

Part 2 of the 1908 Children Act dealt specifically with inspection of nurse children, responsibility for which lay with local authorities. It stated that the authorities in an area had to appoint one or two persons ‘of either sex’ to be infant protection visitors. It is interesting and notable that the inspections included women, as at this stage women were excluded from the inspection duties of many other societies such as the NSPCC. The infant protection visitors were to visit the homes in which children had been placed at nurse ‘from time to time’, in order to check the premises and the care of the children. They were also encouraged to provide advice or direction as to the nursing and maintenance of children where necessary. Interestingly, with regard to the NSPCC and other philanthropic societies, the act stated that infant protection visitors could pass responsibility to philanthropic societies and ‘so authorise the society to exercise those powers as respects those infants, subject, however, to the obligation to furnish periodical reports to the local authority’.²³ Also of interest was the provision that a local authority could exempt a premises from inspection if they deemed it to be well conducted.

²² 1908 Children Act, also known as the Children and Young Person’s Act.

²³ 1908 Children Act.

Finally, the local authority could also fix the number of children under the age of seven years that any one premises or person could nurse. If a premises was found to be overcrowded, dangerous or insanitary, or if the person in charge was regarded to be unfit due to 'negligence, ignorance, inebriety, immorality, criminal conduct, or other similar cause', he or she could be charged. Anyone previously convicted of an offence under the 1897 act or the 1904 Prevention of Cruelty to Children Act could not keep an infant or child at nurse. In the case of the death of an infant, aside from notifying the local authority, the person who had the care of the child was obliged to notify the coroner within twenty-four hours in order that an inquest could be held and the cause of death ascertained. Finally, if any person was found to have caused the death or allowed the death of a child to occur for the purpose of claiming life insurance, he or she would be prosecuted under the act. Again, the issue of life insurance was one that could be found in the discourse of the NSPCC, particularly in Britain, and the court records show a number of cases in which parents were prosecuted for suspected insurance fraud.

In 1894, the *Irish Times* reported on the first case in Ireland prosecuted under the ILP Act of 1872, stating that: 'since the passing of the act in that year it had remained a dead letter'. The case was quite shocking, as it involved the deaths of fifteen children who had been in the charge of one woman, a Mrs. Coffey. The article claimed that the woman was responsible for four previous deaths of infants, but that no steps were taken in those cases. It went on to state that 'the whole question of infant life protection deserves more attention from the public than it has hitherto received'. The woman in this case received a £5 fine for non-registration of her home under clause 2 of the 1872 ILP Act.²⁴ The NSPCC was also publicly praised for its work in bringing the case before the courts. While a charge of manslaughter would have been a more severe deterrent than a fine of £5, the woman was not charged with the more severe crime because cases could not be prosecuted any more than six months after the alleged offences occurred.²⁵

The involvement of voluntary institutions in placing children with nurses is an interesting aspect to the history. In 1905, a case was reported in the newspapers which not only involved the deaths of three nurse children, but also the participation of the Cottage Home in Dun Laoghaire. The nurse, Sarah Tennant, was accused of the manslaughter of three babies, two of whom had been transferred into her care by the home. These were

²⁴ *Irish Times*, 21 Sept. 1894.

²⁵ It was not the first to use the term baby-farming, as a case in 1879 had referred to the term and another in 1893, but it was the first to utilize the ILP legislation.

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baby Henry Tomlinson and baby O’Brien. In the third case, involving baby Kathleen Redding, the mother had approached Sarah Tennant herself after obtaining her name from the matron of the home. The coroner stated, in the case involving Henry Tomlinson and Kathleen Redding, that the matron of the Cottage Home could not be exempted from blame, because the parents and relatives involved had trusted that the institution would not send the children to an unreliable nurse. She was found guilty of negligence in allowing a child to be nursed by an unregistered person.

In the case involving Kathleen Redding, it emerged that the mother of the child had agreed to pay 5s per week to Tennant to look after the child. The mother, however, had been unable to pay for the first four weeks. In a written communication to the mother, Sarah Jane Redding, Tennant had stated that the child was doing well. When the mother visited the child, however, she found her in an emaciated condition and upon summoning the doctor, was told that the baby was ‘in a dying condition’. At this point, although two months old, the child weighed only 6lb 7oz. When the baby was born, the hospital recorded a weight of 7lb 4oz and noted that she was in good health. The third child, baby O’Brien, was found in a similar condition

It was not only institutions like the Cottage Home that provided nurse children. In 1890, a serious case involving a verdict of neglect of a nurse child by a Mrs. O’Dea in Dublin was detected. It emerged during the trial that the case was more complicated than others relating to nurse children, because a nurse in the lying-in ward of the Coombe Maternity Hospital was also involved. It was suggested that one particular nurse had received money for boarding-out children. In this instance, the child was severely neglected, and although Mrs. O’Dea was charged with neglect, both the jury and the judge acknowledged that there were other actors involved and expressed a hope that the press would include this in the record, which they duly did.²⁶

The NSPCC and nurse children

In assessing the history of child protection in Ireland from the nineteenth century, the NSPCC undoubtedly holds a prominent place.²⁷ In contrast

²⁶ *Irish Times*, 18 June 1890. In 1905, another case involving a child sent to nurse from the Coombe Hospital was reported (see *Irish Times*, 5 Oct 1905). See also *Irish Times*, 23 Apr. 1897, 16 July 1926, 7 Aug. 1926, 16 Oct. 1935.

²⁷ For a discussion of child welfare in Ireland, see L. Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60* (Manchester, 2007); Luddy, *Women and Philanthropy*; Maguire, *Precarious Childhood*; J. Robins, *The Lost Children: a Study of Charity Children in Ireland, 1700–1900* (Dublin, 1980). For a discussion of England, see G. K. Behlmer, *Friends of the Family: the English Home and its Guardians, 1850–1940* (Stanford,

to religiously motivated philanthropic and charitable organizations, as the first established, secular 'child-protection agency', it would suffer less from the effects of sectarianism and fears of proselytizing forces than other organizations. In this sense, it would thrive in a period of instability for other philanthropic societies. With regard to nurse children, the NSPCC was very influential in the passing of the 1908 Children Act, which consolidated a number of legislative reforms surrounding child welfare.²⁸ While the Infant Life Protection Act of 1872²⁹ had legislated for nurse children for the first time, the 1908 act contained a provision that allowed an NSPCC inspector to monitor homes in place of a child protection officer. After independence, the society was also increasingly vocal in its annual reports and in the press on the neglect and ill-treatment of nurse children, as well as the situation of the 'illegitimate' child generally. This chapter will therefore refer to a small number of representative cases investigated by the society, as well as statistics taken from the annual reports for the number of cases investigated for 'failure to notify of the reception of a nurse child' and 'baby-farming'.³⁰

The number of cases of 'failure to notify of a nurse child' was a relatively small but consistent feature of the NSPCC's case-load. In 1905, the Dublin District Branch of the NSPCC investigated thirty-four cases involving nurse children.³¹ In 1914, the NSPCC investigated twenty such cases, and this steadily increased in the 1920s and 1930s. In the period 1933–50, for example, the Cork District Branch dealt with seventy-six instances involving nurse

Calif., 1998); A. Davin, 'Imperialism and motherhood', *History Workshop Journal*, v (1978), 9–65; A. Davin, *Growing up Poor: Home, School and Street in London, 1870–1914* (1996); D. Dwork, *War is Good for Babies and other Young Children: a History of the Infant and Child Welfare Movement in England 1898–1914* (Tavistock, 1987); H. Hendrick, *Child Welfare in England 1872–1989* (1994); C. Steedman, *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780–1930* (Cambridge, 1995); J. Stewart, 'Children, parents and the state: the Children Act, 1908', *Children and Society*, ix (1995), 90–9. On the history of child protection in Scotland, see L. Abrams, *The Orphan Country: Children of Scotland's Broken Homes from 1845 to the Present Day* (Edinburgh, 1998).

²⁸ Two published works by past presidents of the British Society are also worth note: R. J. Parr, *The Baby Farmer: an Exposition and an Appeal* (1909); and B. Waugh, 'Baby farming', *Contemporary Review*, lvii (Jan.–June 1890), 700–14.

²⁹ For official reports on the Infant Life Protection Act (1872), see Report from the Select Committee on Infant Life Protection (Parl. Papers 1908 [Cd. 99], ix, Report from the Select Committee on the Infant Life Protection Bill (Parl. Papers 1890 [C. 346], xiii); Report from the Select Committee on Protection of Infant Life (Parl. Papers 1871 [C. 372], vii); Report from the Select Committee of the House of Lords on the Infant Life Protection Bill and the Safety of Nurse Children Bill (Parl. Papers (HL) 1896 [C. 343], x).

³⁰ This term was employed after 1908 in the NSPCC's annual reports.

³¹ *Irish Times*, 30 Nov. 1905.

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children.³² This activity appears to be similar to the other thirteen branches in the country. In one particular case in Wexford in 1934, a seventy-year-old woman, almost completely blind, was investigated on suspicion of ill-treating a nine-month-old baby. The child was allegedly starving, and the woman was almost incapable of looking after her own needs, let alone those of the infant.³³ In this instance, the child had not been registered but the inspector decided not to prosecute the woman.

Generally, cases involving nurse children demonstrate the desperation of unmarried mothers who were unable to place babies in institutions because of their age or lack of resources. The state’s responsibility in the treatment of unmarried mothers and its inability to alleviate poverty in families resulted in the greater suffering of those children most in need of state care. This can be seen particularly in the 1930s, when cases involving nurse children became more common in the courts. Yet unlike Britain, where adoption was seen as a suitable solution, opposition from the Catholic Church and inaction from the state meant that placing children at nurse was one of the few available options aside from institutionalization.

In 1932, at the annual NSPCC meeting, General Eoin O’Duffy spoke to the society about the ‘terrible figures’ relating to deaths of illegitimate children, and the need to implement controls to deal with nurse children. He argued that the inspection of premises of nurses alone would not sufficiently address the problem and that the recommendations of the investigation into the Criminal Law Amendment Acts by the Carrigan Committee also deserved attention. In 1928, amendments to the 1908 Children Act had been the primary concern at the NSPCC annual meeting, particularly as changes had occurred in Britain in 1923. It was agreed that a number of changes be made, principally that a licence had to be obtained twenty-four hours *before* a child was received, that premises would be inspected by the infant protection visitor, that a register of all persons holding licences would be compiled and that institutions would have to notify local authorities *before* a child was transferred to a nurse. The society stated that in the area covered by the Dublin Union commissioners, 1,100 children were visited by three Children Act inspectors, assisted in the city by the child welfare officer in each district. However, it was acknowledged that rural districts were nowhere near as ‘well policed’. Yet, the fact that 1,100 children were the responsibility of only three inspectors suggests that Dublin was not in fact particularly ‘well policed’.

³² The period 1933–50 was chosen in this instance as the reports were complete.

³³ Irish Society for the Prevention of Cruelty to Children, Limerick, case file no. 34, 1934. As noted above, this does not represent the actual case file number.

In order to understand the motivations for placing children at nurse, it is important to recognize the difficulties faced by parents of illegitimate children during this period, and the treatment of illegitimacy by societies such as the NSPCC and by the state. Most families visited by an NSPCC inspector were not the 'ideal' two-parent families, and most cases were not related to child cruelty but to various forms of child neglect. This neglect often stemmed from severe poverty. In a sample of ninety-two cases from the Wexford District Branch of the NSPCC in 1939, 70 per cent of the cases were investigated for child neglect, 22 per cent were 'advice sought' investigations, and the remaining 8 per cent related to abandonment, ill-treatment, exposure and assault. Of the ninety-two cases, only thirty-two involved two-parent families. Thirty-eight cases (41 per cent of the sample) involved illegitimate children – a huge proportion when one considers that the registered illegitimacy rate in the 1930s and 1940s was between 2 and 5 per cent. The illegitimate child also featured regularly in the earlier files contained in the NSPCC archive. The remainder of the cases involved widows and widowers, as well as eight involving nurse children.

There was no stereotypical case, although a number of situations involved women working as domestic servants in England and Ireland. In one such example, a labourer and his wife were investigated for neglect and starvation. They were looking after their nine-month-old grandson whose mother was working as a 'domestic' in London. The child was illegitimate and they received 7s weekly from a maintenance order. Both were in their forties and their income was 37s per week. On the first and only visit, the inspector described the child's condition: 'Found the child ill and wasted. Weighed child in clothes, weighed 12 lbs. Child appears to have been neglected for a long time'.³⁴ The boy was removed to the local hospital but died five days later. The inspector described the couple's characters as 'fair' and no prosecution was brought.³⁵ In another case involving an illegitimate child, a twenty-two-year-old woman approached the NSPCC to request advice. The father of the child had been paying 5s weekly, up to a month previously. She wanted to give the child to the father's mother, who 'offered to take the child – although she denies that her son is the father'. The inspector 'advised the mother to retain custody and that she could not get rid of her responsibilities by adopting such a course'.³⁶ This reaction by the inspector was a more unusual one and probably demonstrates his own bias towards the young mother.

³⁴ ISPCC, Limerick, case file no. 123, 1939.

³⁵ ISPCC, Limerick, case file no. 123, 1939.

³⁶ ISPCC, Limerick, case file no. 12, 1939.

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The following two examples are representative of the cases investigated by the NSPCC that concerned the ill-treatment of nurse children. The two cases, both of which involved illegitimate children, were taken from the sample cases contained in the annual NSPCC reports. These cases, handpicked by the NSPCC, were often used to warn parents or to demonstrate the NSPCC’s focus to the state or potential benefactors. The fact that they were included in the sample cases in reports sent to benefactors and potential benefactors demonstrates that the issue of nurse children was one that received support. In the first case, taken from the 1933–4 Dublin District Branch report, the situation of a fourteen-month-old baby residing with a foster mother was investigated. The infant was found in a severely neglected state in the care of a woman who had two adopted children, two foster children and two other nurse children – for all of whom she had received payment. The report records that ‘through the intervention of the Society the three nurse children had been removed – the baby to the County Home and the other two to more suitable homes’. The two adopted children remained in the woman’s care and she was kept under supervision for a number of months.³⁷ A sample case entitled ‘A child we had to protect from her own mother’ was included in the 1934–5 report:

A young woman was found recently by a Guard lying in a gutter. She was under the influence of drink and beside her lay her thirteen months’ old baby girl, who was ‘sopping’ wet and crying with hunger. The inspector learned on inquiry that this young woman would not stay in any of the mother and baby homes provided for unmarried mothers and babies. She gave trouble, neglected her baby, and set a bad example for the other inmates. She was also suffering from disease. The child had to be protected from her unnatural mother, who was prosecuted and sent to prison for three months. The child was removed from her custody and placed in a convent home.³⁸

Why did the society choose these two cases to illustrate ill-treatment? In keeping with the state’s focus on unmarried mothers and illegitimacy, both involved illegitimate children and illustrated two different paths taken by unmarried mothers. In both cases, the mother was regarded as negligent or ‘unnatural’, and the removal of the second child to a convent home was presented as the most appropriate option. As with the NSPCC sample cases of intemperate mothers in the late nineteenth century, the unmarried mother was now a principle focus of the society. Yet even with this focus, the situation for nurse children was not improved. If placed at nurse, children were often ill-treated when payment ceased, and inspections

³⁷ ISPPCC, Limerick, sample case, annual report of NSPCC Dublin Branch, 1933–4, p. 9.

³⁸ ISPPCC, Limerick, sample case, annual report of NSPCC Dublin Branch, 1934–5, p. 10.

'Found in a "dying" condition': nurse-children in Ireland, 1872–1952

were rarely carried out by the local boards. If boarded-out, a similar fate could occur. Yet never did the state or the NSPCC decide to support unmarried mothers in keeping their children, or legislate for legal adoption. In this way, unmarried mothers and nurse children were an intertwined 'problem', yet unlike infanticide cases, the abuse suffered by nurse children was reported regularly in the press. By framing the issue as one of parental neglect, cruelty and ignorance, the press demonized nurses and victimized the children involved without ever questioning why the situation occurred. The majority of cases in the courts also demonstrated the poverty in other families too, as most nurses took children purely for financial reasons. The results were often very detrimental. The most severe cases that came before the courts will now be addressed.

Nurse children in the courts

In 1879, the Dublin City coroner commented on his dissatisfaction with the registration clause which was an integral part of the 1872 ILP Act. He referred to a case involving the death of one infant while in the care of an unregistered nurse working in the locality. Newspaper reports suggest that the case resulted in a mixture of shock and amazement from both the neighbours and the judge, the latter stating that in over twelve years he had seen no more than twelve cases of infanticide, and never a case of baby-farming. Although the report of the case was entitled 'baby-farming in Dublin' in the *Irish Times*, the court was very reluctant to utilize the term throughout the proceedings.³⁹ At this stage, it was too emotive for those in court, if not in the press.

In 'an alleged case of baby-farming' in 1893, in which a number of children had died under the care of a Mrs. Lynch, a trained nurse, it was revealed that the Society for the Prevention of Cruelty to Children had been negligent in their investigations. In the coroner's court in Dublin, the jury stated that:

We think that the Society for the Prevention of Cruelty to Children should have taken earlier action, and not have allowed thirteen people to live in an unsanitary house, the living room of which was only twelve feet square; and we are of the opinion that baby-farming places should be registered and regularly inspected.

In fact, the society had sent a number of the children to Mrs. Lynch, whom they considered was a suitable nurse.⁴⁰

³⁹ *Irish Times*, 13 Sept. 1879.

⁴⁰ *Irish Times*, 3, 5, 9 Aug. 1893.

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After the introduction of the 1908 Children Act, many of the cases that directly related to nurse children involved non-registration. In a case in 1928 for example, a woman was prosecuted for failing to notify the reception of a nurse child, as well as for not informing the coroner of the child’s death. The judge in the case stated: ‘the life of one child was more important than the supervision of all other material things put together’.⁴¹ The case is interesting, as a secretary from the Board of Health was present at the hearing. The judge asked him whether the board had visited the foster home to check if the child was sufficiently cared for, to which he replied in the negative. In response, the judge stated:

it was an appalling state of affairs that the required supervision of infants did not exist. He was sure the fault did not lie with the capable secretary of the Board of Health; but it seemed extraordinary that so much attention was given to the supervision of dairy stock and other such matters and that the provision of infants in such cases had been overlooked.⁴²

The issue of inspection, or lack thereof, is one that reverberates throughout investigations of nurse children, those in foster care and those in institutions.

As previously mentioned, it is clear that in some cases, women became very attached to the children whom they were nursing, as revealed by another example that came to the attention of the authorities in 1928. In this instance, a seven-year-old boy who had been at nurse was sent to the Union infirmary in Dublin for treatment. Upon discharge, an NSPCC inspector found that the child was receiving alms, and the Dublin Union commissioners sent him to an industrial school. The woman who had been acting as the boy’s nurse applied to overturn the decision and was surprisingly successful. Judge G. P. Cussen, who would later chair the investigation into industrial schools and reformatories in 1934, stated that:

[it does not mean] because a little boy or girl begs a penny or a few pence from a charitable person to buy sweets or cakes that therefore a case has been made for sending the youngster to an industrial school. The real test is – is the child in need of the necessities of life there is no evidence that this boy is in want of food or clothing that is the end of this matter.

In this instance, the nurse wished to retain the child, be it for financial or emotional reasons, and the judge’s verdict acknowledged her rights as a guardian. Yet the case also demonstrates the use of institutionalization by

⁴¹ *Irish Times*, 21 June 1928.

⁴² *Irish Times*, 21 June 1928.

the NSPCC and guardians, who appear to have ignored other alternatives in many instances.

It could be argued that this situation was not unique to Ireland. Yet when one examines the alternative measures that could have alleviated the situation for nurse children, principally the legalization of adoption (which did not occur until 1952) and the introduction of mother's payments, the reluctance of the state to interfere could be viewed as negligent. Although nurse children were an issue in other countries in the nineteenth century, particularly, in Britain, the United States and other Western societies, by the 1930s, child welfare reform was being tackled to a greater extent than in Ireland. In that country, the continued stigmatization of unmarried mothers, both socially and economically, created an environment where women took desperate measures to care for and maintain their children. The women who took the children into their care, too, were often in dire economic situations. Unfortunately, in many instances it was the child who suffered most.

Conclusion

As this chapter demonstrates, the situation for many children placed at nurse in Ireland from the mid nineteenth to the early twentieth century was one of poverty and neglect. The reasons for this were principally economic; in a society where poverty was a reality for much of the population, resources were not passed to those minding nurse children if payment for a child ceased. The illegitimate child was most often the victim, as poor, unmarried mothers took the only option available to them in a country where unwed mothers were rarely supported. This was a contrast to the projected image of Ireland as homely and a place where child cruelty did not occur. As with many other child protection legislative reforms in this period, the ideal set out in the 1872 ILP Act and the 1908 Children Act in relation to nurse children was not fitting to the reality. As the NSPCC reports show, many children were not registered by nurses long after the introduction of the 1908 act. There were obvious reasons for this. If, as it appears, inspections were not consistent, why would women voluntarily declare that they were taking money to look after a baby if they could get by without? That the NSPCC files and annual reports demonstrate this reveals the importance of this archive as a previously under-utilized source.

For the state, and voluntary agencies such as the NSPCC, dealing with the root causes of women's need to place their children at nurse would have involved tackling issues that they were not willing or able to address. As the press reports and commentaries show, the attitude appears to have been to blame the 'negligent' mother and the 'demonic' nurse while ignoring

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the source of the problem. As with many other situations involving marginalized groups of children, they were the ones who suffered most. ‘Found in a dying condition’? Unfortunately, for many, this was the case.

9. In the family way and away from the family: examining the evidence in Irish unmarried mothers in Britain, 1920s–40s

Jennifer Redmond

Utilizing new primary source material, this chapter seeks to illuminate one of the darker places in the social and sexual history of Ireland's female emigrants.¹ Irish women experiencing pregnancy outside marriage were widely referred to in post-independence Ireland and have remained a topic of interest for scholars of women's history. Illegitimacy in Ireland has been explored from the perspective of newspaper commentary, maternity welfare policies, prostitution, demography and official inquiries among other approaches.² Emigration links many of the topics because it provided a 'safety valve' through which to hide such unplanned pregnancies. However, evidence on the issue of emigration and pregnancy is difficult to source, primarily because of the highly sensitive nature of the topic, the lack of controls on emigration to Britain for most of the twentieth century and, in some cases, the suppression of files related to Magdalen institutions and the unavailability of archival material held by individual religious orders.

An examination of the history of Irish women who experienced unplanned pregnancies in wartime Britain variously confounds and conforms to previous historical research. What is constant, however, is a narrative that focused exclusively on the shame of the 'fallen woman',

¹ The new sources are derived from a current postdoctoral research project on the travel permit applications of Irish men and women in Britain during the Second World War. This research is being conducted as part of an Irish Research Council for the Humanities and Social Sciences Postdoctoral Research Fellowship (2009–11) at NUI, Maynooth, Ireland. The wider analysis is of travel permit applications, the aim of which is to construct a prosopographical study of Irish emigrants in Britain at this time.

² These different aspects have been explored, e.g., in L. Ryan, *Gender, Identity and the Irish Press, 1922–37: Embodying the Nation* (Lewiston, NY, 2002); L. Earner-Byrne, *Mother and Child: Maternity and Child Welfare in Dublin, 1922–60* (Manchester, 2007); M. Luddy, *Prostitution and Irish Society, 1800–1940* (Cambridge, 2007); M. Daly, *The Slow Failure: Population Decline and Independent Ireland, 1920–71* (Madison, Wis., 2006); and S. McAvoy, 'The regulation of sexuality in the Irish Free State, 1929–35', in *Medicine, Disease and the State in Ireland, 1650–1940*, ed. E. Malcolm and G. Jones (Cork, 1999), pp. 253–66.

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ignoring the culpability of the man. Fathers are noticeable by their absence in the story of unmarried mothers in twentieth-century Ireland and this is no different in the case of Irish women returning from Britain.³

Central to this chapter are the following questions: what was the evidence base for the contemporary claims of high rates of illegitimate pregnancy among Irish women in Britain? What interest groups were involved in dealing with unmarried mothers at home and in Britain? To what extent did the churches and the state co-operate? While these questions are explored, definitive answers cannot necessarily be provided because of the secretive nature of the history upon which they touch. However, the available evidence does belie some of the contemporary myths about the effect of migration upon women’s sexual behaviour, with far fewer women appearing to become pregnant as a result of emigration than was fearfully imagined.

Regulating the flow: travel permits

Travel permits were a necessary form of identification for journeys between Ireland and Britain during the Second World War. They were used in lieu of passports as a form of photographic identification that passengers (apart from those in the armed forces) had to possess to undertake journeys between Ireland and Britain or Britain and its islands. They were issued at a specially convened office in Dublin for travel from there and, when in Britain, Irish applicants had to apply to the Irish High Commission in London or its branches in Liverpool and Scotland (now called the Irish Embassy). Passengers required an exit permit from the British Passport Office – essentially a stamp verifying the legitimacy of the travel papers. The applications for such permits reveal a unique amount of personal demographic information. A small number of these applications were made by Irish women – either pregnant or having recently given birth – accessing Catholic Church welfare services to assist them in returning to Ireland, and an even smaller number of women self-identify on the forms as unmarried mothers returning home. Such an unusual cohort of women was an unexpected finding and demonstrates the ways in which histories can be created from ‘documentary fissures’ allowing us a glimpse into a personal world through an individual’s interaction with bureaucracy. The

³ It appears that women did need to give the names of their children’s fathers on the form to access the repatriation scheme (see letter from Alice Litster to Mr. O’Mahony, 13 June 1940, in relation to the case of a pregnant woman who had been sent home under the scheme). These forms are not included in the records of the Department of Local Government and Public Health (Department of Health and Children Records Management Unit files (hereafter DH&C) 22.4.3, Clandillon papers (489778), UK-Ireland repatriation scheme 1939–50).

travel permit applications provide us with the most detailed and personal demographic and life history details that we have ever been able to recover, both about unmarried mothers and their fellow Irish emigrant applicants. As Regina G. Kunzel acknowledged in her study of unmarried mothers in the United States, such research relies 'on sources that revealed the secrets of women and girls who might have been uneasy at the prospect of becoming historical subjects ... these sources constantly reminded me that real lives and painful struggles lay behind them'.⁴ Thus, it is with a conscious consideration for the importance of the private nature of the sources that the cases are presented anonymously.

Unmarried mothers in Ireland

The topic of unmarried mothers, termed so aptly by Lindsey Earner-Byrne 'illegitimate mothers', is a sensitive one, and like many others of this nature, suffers from a lack of available primary source evidence.⁵ It thus requires the researcher to utilize a multitude of palimpsestic sources from government departments, welfare agencies, the Catholic Church and contemporary newspapers. From the latter source it could be presumed that illegitimate pregnancy was a widespread problem, particularly for emigrant women faced with 'the fascination of the garish distractions of the city'.⁶

Kunzel has outlined the emergence of maternity homes for unmarried mothers in the United States, highlighting their origins in the tradition of evangelical women's philanthropic endeavours throughout the nineteenth century, and there are many parallels in Ireland. Homes for unmarried mothers utilized a method of rehabilitation which provided a 'maternal, religious and domestic influence that made up the redemptive tonic of womanly benevolence'.⁷ James Smith, however, has argued that by the post-independence era, Magdalen institutions in Ireland had ceased to fulfil their previous rehabilitative mission of returning women to society and were instead 'seamlessly incorporated into the state's architecture of containment'.⁸ While this may have been the case for some institutions that encouraged women to stay and become consecrated penitents (such as High

⁴ R. G. Kunzel, *Fallen Women, Problem Girls: Unmarried Mothers and the Professionalization of Social Work, 1890-1945* (New Haven, Conn., 1993).

⁵ Earner-Byrne, *Mother and Child*, p. 172.

⁶ Lenten Pastoral given by Dr. McNamee, bishop of Ardagh and Clonmacnoise, cited in *Irish Independent*, 8 Feb. 1937.

⁷ Kunzel, *Fallen Women*, p. 2.

⁸ J. M. Smith, *Ireland's Magdalen Laundries and the Nation's Architecture of Containment* (Notre Dame, Ind., 2007), p. 42. Interestingly, Kunzel uses the phrase 'architecture of redemption' to describe the work of evangelical women reformers (see Kunzel, *Fallen Women*, p. 25).

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Park in Dublin), many also encouraged women to obtain employment and to contribute to the upkeep of their children while managing to re-enter society without the stigma of unmarried motherhood. The annual reports of the Protestant-run Magdalen Asylum, Leeson Street, Dublin, for example, show that it continued in its mission by placing women in employment, assisting them in emigrating, or returning them to their family or friends.⁹ Furthermore, the periods of incarceration in this institution became shorter rather than longer, decreasing from a recommended two years to six months or less.¹⁰ This was just one of the ways that the Protestant-run Magdalen Asylum differed from what we know of the practices of Catholic-run institutions.

Illegitimacy in Ireland was a topic briefly considered by the Commission on Emigration and Other Population Problems (1948–54). Using figures reported by the registrar general, the commission stated that the average annual number of illegitimate births in the period 1941–50 was 2,282, with an average of 3.5 illegitimate live births per 100 total live births.¹¹ It also found that the rate of illegitimacy per 100 total live births was lower in the twenty-six counties than in most European countries, including Britain, which had a reported rate of between five and six births per 100.¹² From this, the commission’s report concluded that ‘illegitimacy is not a major demographic problem in this country’, with a qualification in the footnotes that international comparison was of limited value because of the differing efficacy of the registration processes.¹³ But was it not a ‘major demographic problem’ for Ireland because of the option to travel to Britain? This was a thought acknowledged by the commission:

the significance of the problem for illegitimacy rests primarily on the loss by emigration of many unmarried mothers who find it preferable ... to emigrate rather than to face all the circumstances of an illegitimate pregnancy and

⁹ Between 1915 and 1950, for example, of the 805 girls who stayed in the asylum, 62 were reported as leaving to go home (one of whom left in the hope of being married), 111 as being placed in employment, and just three as emigrating (figures compiled from Dublin, Representative Church Body Library (hereafter RCBL), MS. 551/2/4, *Report of the Guardians of the Magdalen Asylum, 8 Lr. Leeson Street, Dublin 1915–50*). Note also that four girls were reported as having died during this period and one girl was said to have been repatriated, although the location is not specified.

¹⁰ RCBL, MS. 551/12, *Magdalen Asylum Annual Reports, 1915–50*. In the 1940 report it was noted that in a minority of cases women may have attempted to leave earlier than the recommended period.

¹¹ *Report of the Commission on Emigration and Other Population Problems* (Dublin 1954), p. 96.

¹² *Report of the Commission on Emigration*, p. 97.

¹³ *Report of the Commission on Emigration*, p. 97, n. 1.

confinement in this country ... we suggest that the question of welfare and care of unmarried mothers and their children should be fully examined with a view to finding out, among other things, how the present position could be improved, so that the problems relating to illegitimacy in the Twenty-Six Counties might be dealt with fully in our own country, instead of partly in Great Britain as at present. Such improvement might have the effect of retaining at home many young women who, under present conditions, leave Ireland and never return.¹⁴

The commission's highlighting of Britain as a 'safety valve' for unmarried mothers is also borne out by Paul Michael Garrett's research, which found that the acronym 'PFI' or 'Pregnant from Ireland' had become part of the vocabulary of social workers in Britain by the 1950s.¹⁵ Unfortunately, no such investigation of the kind suggested by the commission was ever carried out and the system for accommodating unmarried mothers in religious-run institutions continued.

While the commission thought that British cities offered shelter for unmarried Irish mothers seeking to 'hide their shame', others believed that such cities were the direct cause of immoral behaviour. Contemporaries often posited that Irish women were vulnerable to the charms of city life and men, and there seemed to be a direct connection in many minds between emigration and immorality.¹⁶ Even Gertrude Gaffney, the female columnist for the *Irish Independent* admired by many for her staunch criticism of the 1937 Constitution and her assertive stance on the rights of women, participated in this strand of discourse in her special series of articles on Irish emigrants in December 1936. Writing about the character of Irish female emigrants, Gaffney commented that their nature made them particularly susceptible to harm. Furthermore, their willingness (and the implied *wilfulness*) in associating with the 'wrong kind of people' inevitably led them into trouble:

The great danger to the younger and more flighty of these girls is not, I found, commercialised vice [i.e., prostitution] but the unscrupulous loose-living men they meet in the street. It seems quite impossible to keep them from talking to anybody who wishes to talk to them. As all of the social workers in turn

¹⁴ *Report of the Commission on Emigration*, p. 97.

¹⁵ P. M. Garrett, 'The hidden history of the PFIs: the repatriation of unmarried mothers and their children from England to Ireland in the 1950s and 1960s', *Immigrants and Minorities*, xix (2000), 25–44; M. Lennon and S. Lennon, "'Off the boat": Irish women talk about their experiences of living in England', *Spare Rib*, xciv (1980), 52–5.

¹⁶ For further treatment of this particular aspect, see J. Redmond, 'Gender, emigration and diverging discourses: Irish female emigration, 1922–48', in *Gender and Power in Ireland*, ed. M. Valiulis (Dublin, 2008), pp. 140–58 and J. Redmond 'Sinful singleness? Discourses on Irish women's emigration to England, 1922–48', *Women's History Review*, xvii (2008), 455–76.

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declared, they are bright and gay and far more fond of dress and life and dancing than the English girls, and with their fresh, pretty complexions, their easy manner and unmistakable Irish faces and beautiful eyes, they attract the wrong kind of man. This is how many of them come to grief.¹⁷

The tone of this piece reveals an attitude that such girls needed guidance on the ‘proper’ way to behave. Thus, an infantilizing discourse is juxtaposed with that of the temptress who – knowingly or not – wants to be tempted. Ultimately, though, the blame for ‘coming to grief’ was laid on the women themselves, for while unscrupulous men were unscrupulous, Irish women were to blame for recklessly encouraging them – the grief was all theirs, as were the consequences. But on what was this assumption that girls would ‘come to grief’ based?

Evidence base

Examining the evidence base for such claims as Gaffney’s is difficult given that no systematic figures are available to historians for unmarried mothers at home, leaving Ireland or being taken into British institutions. Indeed, the national rate of illegitimacy referred to earlier was thought by many to be much higher than was recorded in the official statistics, including the Irish Women’s Doctors’ Committee which gave evidence to the Carrigan Committee.¹⁸

Impressionistic information is available through the records of religious organizations helping unmarried mothers in Britain. During the 1920s and 1930s correspondence between Archbishop Byrne of Dublin and English charitable organizations requesting assistance in dealing with pregnant women who were fleeing Ireland reveals a small but steady number of Irish women accessing their services. The communications also reveal a certain level of urgency in the matter, most particularly because of the financial pressure this put on English Catholics. Florence Russell, honorary secretary of the Liverpool Port and Station Work Society, wrote to Byrne in 1924. According to Russell, the society had helped twenty-six girls in the previous nine months, and although quite a low number, this was perceived to be indicative of alarming trends.¹⁹

Records in the Dublin Diocesan Archives reveal that communications were received between 1925 and 1929 from eight associations and

¹⁷ *Irish Independent*, 9 Dec. 1936.

¹⁸ Although the women doctors were not the only ones to dispute the official statistics, the memorandum signed by 54 Irish female doctors and submitted to the Carrigan Committee argued that the available statistics for 1930s Ireland underestimated figures for illegitimacy in the country (see NAI, Department of Justice, 90/4, report 11, for a copy of the memorandum).

¹⁹ Dublin Diocesan Archives, Archbishop Byrne papers, lay organisations (2), letter from Florence Russell to Archbishop Byrne, 30 June 1924.

institutions that dealt with unmarried mothers: St. Pelagia's Home, London; Guardian Angels' Home, London; the Catholic Women's League Rescue Committee, London; the Manchester Union; St. Vincent's Home, Manchester; the Leeds Diocesan Rescue and Protection Society; the Crusade of Rescue, London; and the Liverpool and County Catholic Aid Society.²⁰ In total 1,203 Irish women were noted as having been helped by these organizations. Of this figure, 376 were reported as having become pregnant in Ireland, 155 became pregnant in Britain, and the remaining 672 represented a combination of both categories. However, what must be stressed here is the impressionistic and unreliable nature of these data. St. Pelagia's Home and the Manchester Union gave only approximate figures for many years and the Crusade of Rescue reported a combined figure for 1923–5 and not yearly rates. When reviewing these figures overall, however, the number of Irish pregnant women being assisted in the time period decreased from a high of 318 to 144 cases between 1925 and 1929. This is contra-indicatory to the types of discourses that existed in the 1920s, where a consensus appeared to exist that morality standards in Ireland were becoming worse, not better.

The 1930s saw renewed interest in securing Irish co-operation and evidence of the problem was again reported. Cardinal Hinsley of Westminster wrote directly to Taoiseach Eamon de Valera and John W. Dulanty, the Irish high commissioner in London, about the difficulties that his diocese was encountering in trying to meet the welfare needs of pregnant Irish women. Hinsley was anxious that the government address the issue and, facing the embarrassment of the situation, the Irish administration reluctantly decided to act by setting up the repatriation scheme which will be discussed in the next section. However, as part of its attention to the matter, Dulanty made enquiries with religious organizations dealing with Irish unmarried mothers throughout Britain in order to assess the numbers involved. Hinsley himself had forwarded figures from the Crusade of Rescue for 1938, which reported 169 illegitimate children of Irish mothers in its care.²¹ The Liverpool branch of the Catholic Protection and Rescue Society told Dulanty that the vast majority of the women arrived already pregnant, and that between 1937 and 1940 the society's administrator, J. Bennett, reported thirty-six unmarried mothers who had been assisted by the Legion of Mary, of whom four were from Northern Ireland.²² For the same years, the Southwark Catholic Rescue

²⁰ Figures calculated from correspondence in the Archbishop Byrne papers (DDA, Archbishop Byrne papers, lay organisations (2)).

²¹ DH&C, Clandillon papers, letter from Cardinal Hinsley to Eamon de Valera, 25 May 1939.

²² DH&C, Clandillon papers, copy of letter from J. Bennett to John W. Dulanty, 8 March 1940. Note that Dulanty had requested this information.

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Society reported receiving 160 applications from pregnant Irish women, and in seventy of the cases the pregnancy occurred in Ireland.²³ The Leeds Diocesan Rescue and Protection Society recorded that it had assisted forty-one women between 1933 and 1939, and had sometimes been compelled to refuse women due to lack of space.²⁴ In Manchester, between 1937 and 1939, a total of 156 Irish unmarried mothers had been assisted in the diocese.²⁵ In the same years in Lancaster, the Diocesan Rescue and Protection Society reported personally assisting thirty-one Irish unmarried mothers.²⁶

Thus, varying numbers were reported by different organizations, sometimes reflecting the smaller figures given for the 1920s and, at other times, as in the Crusade of Rescue data, proving to be higher. On this point, however, a note of caution is again warranted: in 1932 Edith Rose of the Liverpool Port and Station Work Society claimed that the Crusade of Rescue were ‘grossly overstating the need and numbers of the Irish expectant mother and baby in London’, the area to which Cardinal Hinsley referred.²⁷ Later, in 1938, Alice Litster, the lady inspector at the Department of Local Government and Public Health in Dublin, who was responsible for liaising with the Irish Catholic Protection and Rescue Society for the repatriation scheme arrangements, also queried the claims of the Crusade of Rescue. Their reported numbers were increasing, yet her own investigations had suggested the opposite. It is perplexing as to why the Crusade may have inflated its statistics, but it is notable that throughout the 1920s and 1930s the number of reported cases that it claimed to deal with was much higher than that for other organizations. This perhaps indicates an overly zealous desire to highlight the issue to the Irish government and to emphasize their own good work in the area. The result, however, is to create an even more difficult task for the historian looking for evidence on the extent of Irish unmarried mothers in Britain, as the numerical evidence is veiled in a shadow of unreliability.

²³ DH&C, Clandillon papers, copy of letter from John F. Healy to John W. Dulanty, 19 Apr. 1940.

²⁴ DH&C, Clandillon papers, copy of a letter from E. Gilligan, matron, Leeds Diocesan Rescue and Protection Society, to John W. Dulanty, undated.

²⁵ DH&C, Clandillon papers, letter from J. P. Walshe, Department of External Affairs, to J. Hurson, Department of Local Government and Public Health, referring to Dulanty’s enquiries in Britain, 19 March 1940.

²⁶ DH&C, Clandillon papers, copy of letter from E. M. Barry, Lancaster Diocesan Rescue and Protection Society, to Dulanty, undated. Barry noted that the society had heard of many more cases than it could include in its number, revealing again the impact of hearsay on the issue.

²⁷ Women’s Library, 4NVA/04/02 Box FLo98, letter from Edith Rose of the Port and Station Work Society in Liverpool, 22 Jan. 1932.

The tendency to overstate the problem of illegitimacy, particularly in relation to emigration, appears to have continued throughout the twentieth century, as argued by John Archer Jackson. Writing in the 1960s, Jackson viewed the lack of firm data on the incidence of Irish women's illegitimate pregnancies in Britain as resulting in an exaggeration of the problem:

The numbers of such cases and the extent of the problem caused are notoriously difficult to assess. Those agencies particularly concerned with the problems of the unmarried mother and her child are naturally liable to view the situation as more serious than in fact it is when related to the position of the immigrant in the total social structure.²⁸

This is a continual difficulty when examining the evidence because those who were asked to provide it *only* came into contact with so-called deviant women, resulting perhaps in a tendency to exaggerate its extent and to see deviancy to a greater degree than was actually warranted.

Church-state co-operation: the repatriation scheme

Continued correspondence between welfare agencies and the British and Irish Catholic hierarchies led to the development of a repatriation scheme for Irish unmarried mothers in Britain in the 1930s. That decade saw a greater focus on the legal status of children born outside marriage through the Illegitimate Children (Affiliation Orders) Act of 1930 and the Legitimacy Act of 1931. It was also the decade in which the Carrigan Commission investigated sexual crime and morality in Ireland, and it is against this backdrop of curiosity and alarm at sexual impropriety that attention was paid to those unmarried mothers who had fled to Britain. Earner-Byrne's work has highlighted the protracted discussions involving all three parties that took place throughout the 1930s and the reluctance of the Irish government to become involved in either the financial or practical arrangements for helping such women.²⁹ Eventually, the Irish hierarchy provided a service in conjunction with their English counterparts.

The scheme was based on the principle of helping those women deemed to have 'fallen' through their innocence and ignorance but who might be 'saved' from further vice. It thus applied only to first-time unmarried mothers who had conceived their children in Ireland. Women who were deemed to be 'multiple offenders' were not included, the ideological underpinning thus implying that they were beyond

²⁸ J. A. Jackson, *The Irish in Britain* (1963), p. 69.

²⁹ For a fuller discussion, see L. Earner-Byrne, "'Moral repatriation': the response to Irish unmarried mothers in Britain, 1920s–60s", in *To and from Ireland: Planned Migration Schemes c.1600–2000*, ed. P. J. Duffy (Dublin, 2004), pp. 155–74.

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redemption and should be kept away from impressionable girls who could be ‘rehabilitated’. This was an idea that was perpetuated in rescue work in Ireland and elsewhere, and was a key criterion for admission to both Protestant and Catholic maternity homes.³⁰ Indeed, the wider nexus of relief for the needy in Ireland sought to distinguish between the ‘deserving’ and ‘undeserving’ poor, and in this context ‘multiple offenders’ would have been viewed as the latter. The scheme provided for the women and – if they had given birth – their children’s passage back to Ireland where they would be looked after by the ICPRS. The women entered institutions with their children, many of whom would subsequently be boarded-out or adopted.

It was perhaps this prospect of incarceration that may have acted as a deterrent to many Irish women participating in the repatriation scheme, faced with a strict regime of domestic chores, prayer (and silence in some cases), lack of liberty and the indefinite duration of the stay. As Smith has argued, such institutions, often located in city centre or highly visible locations, ‘functioned as a constant reminder of the social mores deemed appropriate in Catholic Ireland and the consequences awaiting transgressors of those standards’.³¹ Thus, memories of such institutions may have dissuaded women from entering.

The Irish government, reflecting its initial reluctance to have anything at all to do with the repatriation scheme, only paid for 50 per cent of the costs and left the control of the scheme largely to the Catholic Church, which eventually took it over completely and administered it through the ICPRS under Archbishop McQuaid’s newly formed Catholic Social Welfare Bureau, which catered exclusively for Catholic women. Indeed, the ICPRS specifically stated that it would not help any Protestant women. In a letter from November 1944 replying to queries from the town clerk in Coventry regarding arrangements for the repatriation of Irish unmarried mothers, the ICPRS answered that ‘as this is an exclusively Catholic Society we cannot undertake to look after women of any other religion’ and that

³⁰ The Magdalen asylums in Britain and Ireland all operated under this principle, which was also present in the ethos of the rescue work engaged in by evangelical women in America. Kunzel details how ‘second offenders’ and those women who were deemed to be ‘highly sexed’ were considered unsuitable for maternity home life (see Kunzel, *Fallen Women*, pp. 24–5). The Magdalen Asylum, Leeson Street was rigid on this point; even if a woman was older but was a ‘first offender’ she would not have been accepted, as the annual reports outlined: ‘The young, and the young only, on their first lapse, are received into the Institution; and thus the danger of companionship with hardened and experienced sinners does not exist’ (see RCBL, MS. 551/12, *Magdalen Asylum Annual Report 1915*, p. 4).

³¹ Smith, *Ireland’s Magdalen Laundries*, p. xiv.

the woman should have the birth and baptismal certificates for her child to prove religious affiliation.³²

The provision of care for unmarried mothers by the Catholic Church reflected the idea that this was a pastoral issue, one that required spiritual and moral guidance, and it was therefore appropriate that the Catholic Church control it. The scheme, however, was not as popular as many would have hoped. By 1948 it was revealed that relatively few women were availing themselves of it – since 1940 just 150 cases had been dealt with by the ICPRS.³³ Indeed, many Irish women seemed to think that the scheme would simply assist them in travelling back to Ireland and placing or otherwise caring for their child without their having to enter an institution and were reportedly alarmed to discover the need to do so. If the women who did make use of the scheme had known that they would be expected to stay for up to two years in an institution and that they would have to go to their local county home they may not have been so keen.³⁴ One may also question if some women who were aware of this requirement lied about where the pregnancy took place so as to avoid being coerced into the repatriation scheme.

The stipulation that the mother must enter a special home for unmarried mothers or her local county home added to the unattractiveness of the scheme. Alice Litster reported that the English societies appeared to be so hasty in getting rid of Irish girls that they did not inform them properly of its conditions: 'girl after girl has returned from Great Britain through these societies expecting that her baby will be "adopted" immediately and that she will be able to return at once to her work on the other side. This makes the problem of dealing with the repatriate doubly difficult'.³⁵

The women who accessed the scheme, therefore, can perhaps be viewed as occupying the spectrum between being ignorant of the full rules and

³² In addition to this, a doctor's certificate stating that 'both mother and child are free from any disease' was required (see DH&C, '1944-8: Re-patriation of Pregnant Unmarried Irish Women', NATARCH /ARC/o/404309).

³³ DH&C, Clandillon papers, Alice Litster, 'Unmarried mothers, in Great Britain and at home', undated. Dulanty arranged an informal conference of Catholic social welfare societies in London in Nov. 1931.

³⁴ A memorandum dated 31 Jan. 1948 of a meeting between the minister of health and local government, the Revd. Mother General of the Franciscan Missionary Sisters and Mother Margaret, superioress of the Portiuncula Hospital, Ballinasloe, Galway, stated that their order in Britain routinely took in girls three months before giving birth until three months after. They considered the practice in Ireland of keeping girls for up to two years psychologically detrimental, resulting in their being unfit to return to 'a normal existence and a normal occupation' after being looked after for so long (DH&C, '1944-8: Re-patriation of Pregnant Unmarried Irish Women', NATARCH / ARC/o/404309).

³⁵ DH&C, Clandillon papers, Litster, 'Unmarried mothers', p. 2.

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regulations and being fully cognisant of them but in desperate need of help. The latter seems germane in the case of the women in this cohort given the wartime situation and the fact of living in a belligerent country. In short, they may have had no other options. It is also important to remember that the women referenced in these records mirror those found in the case records used by Kunzel which, by their very nature, ‘select and determine the group of unmarried mothers who become visible to the historian’.³⁶

Travel permit records and the Second World War

The Second World War acted as a catalyst for women in Britain who wished to access help from Ireland but it also prohibited women from leaving Ireland who sought anonymity in Britain. This is reflected in the available evidence on admissions to Irish homes for unmarried mothers. Published reports for the Magdalen Asylum, Leeson Street reveal an average of twenty-five inhabitants each year between 1915 and 1950, yet by 1944 the asylum housed thirty-one, the highest number living there up to that point.³⁷ Unsurprisingly, this suggests that when the valve of emigration was restricted, more women may have sought help in their own country.

War conditions also disrupted the running of the repatriation scheme, as noted in a Department of Local Government and Public Health memorandum of the time:

With the onset of air raids on England, the numbers returning of their own volition or sent by societies increased considerably and these included girls who did not come within the terms of the Department’s scheme, that is, some were originally from Northern Ireland and many had been for long periods resident in England or Scotland.³⁸

It appears that the emphasis on periods of residence and where conception took place was motivated by the desire to limit assistance to unmarried mothers carrying or having given birth to Irish citizens only. Thus the exigencies of the war in Britain may have helped some to be aided who would not otherwise have been. As Earner-Byrne noted, ‘Under wartime pressure, cracks began to show in the repatriation scheme’.³⁹

³⁶ Kunzel is referring to the case history records of maternity homes that not only constructed the forms for detailing histories but also determined what details were recorded, and thus what histories we can now know (Kunzel, *Fallen Women*, p. 8).

³⁷ There were also 31 inhabitants in 1946, the only other year it was this high (all figures from RCBL, MS. 551/12, *Report of the Guardians of the Magdalen Asylum*).

³⁸ DH&C, Clandillon papers, undated memorandum c.1940.

³⁹ Earner-Byrne, *Mother and Child*, p. 194.

A total of twenty-six Irish unmarried mothers were identified in the permit files: a) expectant mothers; b) those who had just given birth; and c) older women who had children but were unmarried. Where a definite determination as to whether a woman was an unmarried mother was unable to be made, the file was excluded from the analysis. This small cohort represents less than 1 per cent of the emigrants who wished to return home and who applied for a travel permit; an unsurprising finding perhaps given the stigma associated with illegitimacy.⁴⁰ The women in this chapter have been identified in three ways: through their participation in the official repatriation scheme, by references to themselves as unmarried mothers and through the analysis of details on the form which reveal their status.

The first means of identification was through a letter from the Moral Welfare Committee of the Archdiocese of Westminster, signed by Miss A. Plater, the secretary, applying for a travel permit on behalf of each woman. The secretary typed all such forms and they are meticulously filled out with an accompanying letter on the WMWC's official paper, giving cursory information about the applicant and her reason for journeying to Ireland. Thirteen files contain such letters. The second method of identifying unmarried mothers was through a statement made on their form or in a letter that they were unmarried. Seven women were identified in such a way, and although a low number, it was surprising to find any woman who would voluntarily expose herself as an unmarried mother at this time. There are two possible reasons for this finding. First, the confusion and bureaucracy surrounding permits may have led to unmarried mothers self-identifying if they feared they might not otherwise be granted one. The second possible explanation is the contemporary power that the spectre of bureaucracy held over applicants. Throughout the files, many other applicants stated that they were not used to filling out forms or that they were confused by the sudden necessity for identification for journeys made periodically for many years.⁴¹ Many applicants gave personal details that were not necessary for the process, perhaps hoping that by doing so they would be granted a permit. Furthermore, on the application form to the British authorities to obtain an accompanying exit permit, the following phrase is located next to

⁴⁰ This calculation is based on over 23,000 individual entries. The records are from autumn 1940 to 1942.

⁴¹ The requirement to prove identity through birth or baptismal certificates was one that confounded many applicants, particularly older persons, some of whom claimed not to have any knowledge of their birth details. The citizenship requirements also proved a thorny issue for many who had left Ireland before the founding of the Free State in 1922 and were thus not considered citizens if they had not registered under the terms of the 1935 Irish Nationality and Citizenship Act.

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the applicant’s signature: ‘CAUTION – Applicants are warned that should any of the statements made in their declarations prove to be untrue, the consequences to them may be serious’.

The third method of identification of the unmarried mothers resulted from decoding details given on the form. Six women were detected in this way. This included use of the word ‘unmarried’ or the designation ‘Miss’ while also giving details of children. Before discussing these cases, a general profile of the women will be given to contextualize their stories.

General profile

The women’s demographic profile reveals a diversity that would perhaps be unexpected given the focus in contemporary discourses on the youth of unmarried mothers. As demonstrated in Figure 9.1, the youngest applicant was seventeen years old and the oldest was forty-four, with an average age of twenty-five. Figure 9.1 suggests that these unmarried women were not as young as was suggested in contemporary discourses on the immorality and vulnerability of young girls.

The county of birth reveals no significant patterns in terms of the women’s origin. As can be seen in Table 9.1 below, women in this cohort originated from fifteen counties in Ireland. While the sample is too small draw any conclusions, two points can be made: no particular county is highlighted as having a significant number of unmarried mothers; and there was a mixture of rural and urban origins.

The applications also detail the women’s place of present residence and it is of no surprise that eighteen were living in London due to the large number

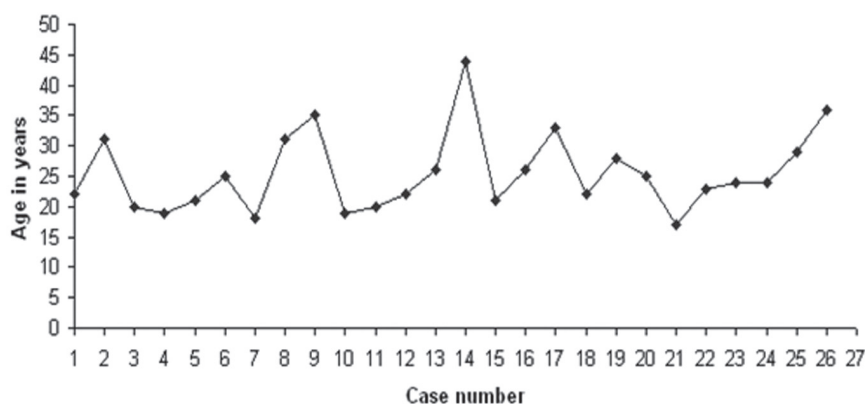


Figure 9.1. Age of unmarried mothers in travel permit records (N=26).
Source: National Archives of Ireland, Department of Foreign Affairs, travel permit files.

In the family way and away from the family

Table 9.1. County of origin of unmarried mothers (N=26)

County of origin	Number of women
Clare	2
Cork	4
Donegal	1
Dublin	2
Fermanagh	2
Galway	1
Kerry	2
Limerick	1
Mayo	2
Meath	1
Offaly	1
Roscommon	1
Sligo	1
Tipperary	4
Wexford	1

Source: NAI, Department of Foreign Affairs, travel permit files.

of Irish men and women who migrated to the city and its environs.⁴² It does, however, confirm the suspicions held by many of the Catholic clergy and other commentators that city life was full of both temptations and dangers to the moral and spiritual welfare of ignorant Irish girls. The extent to which this is true, however, is still a matter of contention, as will be further discussed below. Many were reported as going to Miss Cruice in Dublin. Although not fully named on the form, this is Mary Josephine Cruice, secretary of St. Patrick's Guild. We can thus assume that the women were entering institutions, but the location is unknown.⁴³ Only one applicant,

⁴² Of the remaining women in the sample, there was one applicant living in each of the following locations: Birmingham, Liverpool, Sussex, Manchester, Cheshire, Hertfordshire, Cardiff and Glasgow. In the wider project Irish people have been found in a remarkable panoply of geographical locations in Britain, from the metropolises to off-shore islands.

⁴³ Cruice was deeply involved in the issue of unmarried mothers and had been integral to the setting up of the repatriation scheme, although St. Patrick's Guild was not supposed to be the contact organization for the WMWC and it is unclear why Plater continued to send women to her despite complaints from the Catholic hierarchy and the Department of Health and Local Government. Officially the repatriation scheme was supposed to be run

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a thirty-five-year-old housemaid from Tipperary, put on her form that she was going to the Regina Coeli Hostel in Dublin, an institution run by the Legion of Mary.⁴⁴

The occupational profile of the women also confirms some previous research on the incidence of illegitimate pregnancies among women working in domestic service, but it is notable that crisis pregnancy affected even those in more ‘respectable’ professions such as nursing. Of the twenty-six women in the sample, there were fourteen in domestic service, two nurses, five factory workers (including munitions war work), one waitress, one barmaid, one counterhand, one photographic finisher and one cook. Although this appears to confirm the stereotype of domestic servants being prone to ‘getting into trouble’, it must be remembered that 61,580 female domestic servants emigrated between 1941 and 1948 alone, representing 56 per cent of the total (109,507) recorded number of women issued travel documentation from Ireland.⁴⁵ Their predominance in the case of this small cohort of unmarried mothers should, therefore, be contextualized within Irish women’s pre-existing prevalence in this occupation in Britain since the late nineteenth century.

The forms required applicants to state the purpose of their journey and this section demanded a qualitative response. In the case of these women, the reasons given do not differ hugely. A standard response was typed in by Plater stating that the applicant was an unmarried mother either returning home or seeking to place her baby in an institution. The only variations occur where the women have self-identified, which will be discussed in the case studies below.

It is important at this juncture also to highlight what the travel permit applications do not tell us about the histories of these women. We cannot know, for example, if the fathers of these children were fellow Irish emigrants or men of different nationalities, except in three instances where this information is given on the forms by the women.⁴⁶ Indeed, nothing at all is known of the fathers: what their occupation was, how old they were, whether

on the Irish side by the ICPRS, but Earner-Byrne argues that the WMWC grew ‘frustrated with the pace of the scheme under the directorship of the ICPRS’ and thus turned to St. Patrick’s Guild (see *Mother and Child*, p. 194, for further discussion).

⁴⁴ The Regina Coeli Hostel was opened by Frank Duff and the Legion of Mary in Oct. 1930 and remains open to this day, housing homeless women and their children.

⁴⁵ Calculations made from Central Statistics Office, *Statistical Abstract of Ireland 1949* (Government Stationery Office, Dublin), table 32.

⁴⁶ In one instance, noted below, a woman wrote and subsequently scratched out ‘English’ in the section for husband’s nationality. In the second case, the woman named the father as English and this is detailed below.

they were aware of the pregnancy, or whether they were in personal contact with the women and intended to support the child. Nor can we know the context in which sexual intimacy occurred. Was it the 'old story' of seduction and abandonment? Were any of the women under the impression that they would marry their partners?⁴⁷ Or indeed, did any of these pregnancies happen as the result of sexual assault? The letters from Plater make no reference to the circumstances in which the women became pregnant – they are presented as a homogeneous group under the generic appellation 'unmarried mother'. The conspicuous absence of fathers in the documentation is not unique, but is characteristic of the absence of men from the narrative history of unmarried mothers and a particular lacuna in our understanding of the experiences of pregnancy outside marriage in the past.⁴⁸

Interestingly, there was no section on the form to indicate religion, yet it seems likely that all of the women accessing the services of the WMWC were also Catholic themselves. One woman was proceeding to Mrs. Esmonde White, secretary of the ICPRS. The remaining eleven women were going to 50, Middle Abbey Street, Dublin to Mary Josephine Cruice, and these must have been included in the reported thirty cases of women sent to her up to May 1941.⁴⁹ If any of the women had been Protestant it is likely that Cruice would have referred them to an appropriate Church of Ireland society. In a letter to Archbishop McQuaid, Cruice outlined that an informal, reciprocal arrangement had been in existence for some time for transferring women of different faiths if they approached the wrong institution. Cruice thought that the hierarchy of the Church of Ireland would be favourable to formalizing such arrangements, with any objections arising a 'matter of detail ... rather than of principle'.⁵⁰

Women identified by the Westminster Moral Welfare Committee

Despite receiving help from the WMWC, not all women identified by the committee were entering institutions. Some were going to home addresses

⁴⁷ In one case, 'Maura', a 24-year-old domestic servant, stated in a letter that the father of her child had gone back to Ireland and she was following him 'to see what his intentions are for me'.

⁴⁸ The problem of definitively proving paternity was one that affected the treatment of unmarried mothers during this period, particularly in attempts to secure financial relief for illegitimate children.

⁴⁹ This figure is quoted by Alice Litster in DH&C, Clandillon papers, memorandum on the repatriation scheme, 20 May 1941.

⁵⁰ Cruice mentions having personally spoken to the Church of Ireland archbishop of Dublin, and to the Revd. Mr. Coates, head of the Irish Church Missions, about such an arrangement (see DDA, 'International Catholic Girls' Protection Society' file, 54.1.1-37, undated letter).

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or to relatives. This is somewhat surprising given the familiar narrative of women being banished from home because of the shame of their sexual activity. As the records offer merely a ‘snapshot’ of the journeys of these women, it is unknown what fate awaited them and their children if they proceeded to their home as opposed to a county home or institution. Did they keep their children? Did they leave them and return to England to work? Were the children brought up as part of the family without knowing who their mothers were? Unfortunately, these are all questions that we cannot answer. Using a case study approach, however, is one of the ways that we can nuance the evidence from official statistics and bring to life the stories of these ‘illegitimate mothers’.

Case study 1

‘Kitty’, aged twenty at the time of application in November 1940, had been working as a nurse in St. Alban’s, Hertfordshire, an occupation and an area populated by many Irish women. Originally from Dublin, she gave a permanent address as Rathmines and was described on the form as being five feet tall, with grey eyes, a round face and dark brown hair. Since her baby was reported as being due soon, it seems that she got pregnant within two to three months of her arrival in Britain. She had moved to London three weeks before the application and was going to Cruice in Dublin to be placed in a home. The letter from the WMWC states that she had previously had a permit but subsequently lost it.⁵¹ As she entered Britain in December 1939, it is likely that this was issued from Dublin and that she had come to Britain to train as a nurse.

Kitty’s story would perhaps resonate with many young Irish women eager to attain professional training in nursing, a career unavailable to many of them in Ireland, either because of the lack of secondary school education or the inability to pay the fees (or both). Kitty may also have been eager to play a part in the British ‘Home Front’ war effort by engaging in nursing. Indeed, between 1941 and 1948 nursing was stated as the occupation of 17,840 women obtaining travel permits to leave Ireland.⁵²

Women who self-identified as unmarried mothers

The second method of identification of unmarried mothers, in which the applicant described herself as such, reveals different experiences to that of ‘Kitty’. One of the files did not have a letter from the WMWC, but

⁵¹ Had she still had it she would have been required to surrender it and it would have remained in her file, thus telling us more about her previous movements.

⁵² Figures calculated from, *Statistical Abstract of Ireland 1949*, table 32.

'Kathleen's' form was typed and indicated that she was going to Cruice with her three-week-old baby boy. This suggests that she may have accessed the services of a priest who arranged for her reception by Cruice in Dublin or, perhaps, that the WMWC's letter is simply missing. A second example is more unusual. 'Florence', a thirty-three-year-old woman from Meath, had filled out an exit permit application rather than a standard form (a common occurrence). Florence noted that she worked in a munitions factory in Cardiff, having come to Britain in 1937. Her form included recommendations from a male doctor and a female hotel proprietor. Florence gives her reason for going home as: 'To visit my two children who are evacuated to Eire' and she was travelling back to Meath for twelve days. She does not reveal any information about her partner on the form and her unmarried status is only revealed in an accompanying letter: 'I wish to state that my position is that I am the unmarried wife of a soldier in HM Forces and we both wish to travel to Eire to visit our two children who are evacuated there'. The fact that she declared this may be due to the warning printed on this particular form, as noted earlier. The most surprising aspect, perhaps, is the fact that her family were looking after her illegitimate children from her 'common law marriage'. Unfortunately, as in all other cases, no information was provided about her 'husband'. In another case, the woman stated that she was bringing her child home to her married sister, the implication being that the child would be brought up in that household, although the details of the arrangements are not made explicit. The following case study also contains an open admission of unmarried status, although it seems that this woman did not have the support of the father of her child.

Case study 2

'Hanora', aged thirty-one, was one of the older women in the cohort and self-identified as a pregnant unmarried woman on the form. Hanora described herself as being five feet tall with brown eyes, brown hair and a small face and her photograph suggests a somewhat defiant woman looking straight into the camera. Having come to England from County Clare three and a half years previously, she was working as a domestic in London and gave three different places of residence in the city. At the time of her application, she was living at a private address in London and was not resident at an institution, unlike some of the other applicants.

Also unusual was the fact that she was not participating in the repatriation scheme but was instead going to a private address in Dublin. In her statement as to why she was leaving, Hanora gave the impression that she had the support of a network of people who would help her, as she stated that she

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was an ‘expectant unmarried mother returning to friends in Dublin’. What is interesting in this case is her openness. The forms allowed scope for her to omit this information by giving the reason of simply having a holiday to visit family. What is also noteworthy is the fact that she was going to Dublin to friends, not to her family in Clare, indicating that in some cases women may have received greater support from friends than relatives.

Women detected through details on their form

It has been possible to identify six unmarried mothers through the information that they provided on their forms. A forty-four-year-old factory worker, ‘Alice’, from Cork and living in London, specifically stated on her form that she was unmarried, yet her reason for returning home was ‘To see my child’. This suggests that she had left her child in the care of family or friends in Cork in order to undertake employment in Britain. Alice’s case is one where the fuller story would be particularly interesting to know. Had she brought this child back from Britain to protect it from air raids? Or did she have the child in Ireland and subsequently emigrate in order to support it financially? The details of the third case study discussed now reveal a little more information than we can know about Alice, but both examples show that not all women gave up their children born outside marriage.

Case study 3

‘Helena’ was born in Galway and was aged thirty-one at the time of her application. Helena described herself as five feet two inches tall, with grey eyes, a round face and brown hair. She had been working for over five years at three different places in Britain. Two years were spent in Berkshire, including a job in a rectory, before she moved to a small town in Sussex. She worked as a domestic servant in Sussex for eighteen months, and thus it is likely that she became pregnant while in Berkshire. The revealing detail of her form is that she scratched out ‘English’ in the husband’s nationality section while giving her name as ‘Miss’. Helena also gave her reason for the journey as: ‘To see parents about keep of boy for duration’. The boy has her surname and was two years and seven months old. This suggests that she had been supporting him and perhaps entered a British institution for unmarried mothers to give birth. Helena’s form hints strongly that the father of her child was English, a detail unknown to us in other cases. It also reveals her attachment to her child and her wish to evacuate him for the duration of the war. This detail also suggests that her parents were willing to accept her illegitimate child, although of course we do not know what story would be told about him in Ireland.

The case studies reveal a multiplicity of experiences, from the anonymity achieved through entering an institution connected with the repatriation scheme to the openness of taking an illegitimate child home to friends or relatives. The data thus remind us that the history of motherhood outside wedlock was multifaceted and comprised many narratives.

Conclusion

Being in the family way and away from the family is a topic that has sustained interest and scholarly enquiry, perhaps because there is always the hope that new, more conclusive, evidence will come to light that will allow us definitively to assess the extent of the 'problem'. As has been documented by a number of historians, the Free State period saw an increased interest in the question of unmarried emigrant women. The concern appeared to stem from a fear that Ireland's reputation as not only a moral but an exemplary Catholic country was being tarnished by the number of unmarried pregnant Irish women coming to the attention of the British Catholic hierarchy, charitable organizations and health authorities.

Discourses positing Ireland as pure and Britain as a hotbed of sexual immorality that would infect Irish immigrants continued throughout the period under study here. Indeed, as Diarmaid Ferriter has noted: 'Delusions about Irish sexual purity proved to be quite durable'.⁵³ The repatriation scheme was a response that was provoked by embarrassment at evidence to the contrary. It was, however, an inadequate and unattractive system and it is unsurprising that the stream of pregnant women from Ireland to Britain continued throughout the twentieth century, many never to return. The greatest change came not in how pregnant unmarried women were treated, but in how the pregnancies ended, with a major shift occurring from children being given up for adoption or fostering to what is termed the 'abortion trail' to Britain.⁵⁴

The travel permit records analysed here reveal that although unmarried mothers, like other Irish citizens, had to engage with the Irish state to comply with the bureaucratic rules for travel during the war, the fact that many of their cases were handled by religious welfare societies, rather than applying on their own behalf, was not regarded as unusual by either the British or Irish authorities. The intervention of a religious intermediary organization was not viewed strangely because of the triangulated relationship between the Catholic Church, the state and the individual unmarried mother, in

⁵³ D. Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (2009), p. 546.

⁵⁴ For more on the abortion issue, see Earner-Byrne's work and also A. Rossiter, *Ireland's Hidden Diaspora: the 'Abortion Trail' and the Making of a London-Irish Underground, 1980–2000* (2009).

which the latter had the least power or voice in decisions related to her illegitimate pregnancy.

This is in contrast to the experiences of other applicants. In many cases they are queried as to their documentation or their domicile in 1922 in order to establish their citizenship. If application forms were insufficient in terms of documentation or information, they would routinely be sent back. Although the forms were completed to a high standard by the WMWC, this does not explain why none of the applicants was queried. For example, in the case of ‘Kitty’ it was stated that she had previously owned a permit but had lost it. In other instances, the Irish High Commissioner’s Office asked for an official declaration to be signed detailing the exact circumstances in which the permit was lost. It is also notable that the form was supposed to be signed by a doctor, a solicitor or a member of the clergy in order to verify the identity of the applicant, but none of the forms channelled through the WMWC was signed in this way. In other cases, forms without appropriate signatures were returned to applicants to complete this step. It seems that a letter from the WMWC naming the women as unmarried mothers was deemed enough to bypass the more meticulous requirements of the system. The bureaucracy of religious welfare work appeared to satisfy the legal conditions of the state.

The records analysed in this research reveal a multiplicity of experiences that coalesce with previous studies and contemporary assumptions but also radically differ from them. While some of the women were going to Catholic religious organizations, others were bringing their children home or visiting children staying with relatives, confounding the presumption that the stigma and shame of an illegitimate child would mean isolation and abandonment. Indeed, two of the applicants were travelling home with their sisters. The records, however, do not answer the question: what happened next? This is one of a number of limitations to the data, the most important of which is that of interpreting a bureaucratic form not designed for dealing with exceptional cases. Furthermore, it is acknowledged that the number of women found here is so small as to be limited in its representativeness of contemporary extramarital pregnancies. While this is true, it is also the case that if there were more women accessing the repatriation scheme during this period they would have been obliged to obtain a travel permit and thus would be in these records.

The Commission on Emigration tempered the view of the enticements of the ‘big bad city’ full of dangers by asserting that ‘the large majority of Irish emigrants lead lives very like those of their own generation at home and similar to those of the average citizens of corresponding ages

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and occupations in their new country'.⁵⁵ The commission also emphasized the point that a focus on problematic emigrant behaviour obfuscated the experiences of the vast majority of emigrants, both male and female, who did not come into contact with welfare services. The fact that unmarried mothers existed in the emigrant cohort does not disprove the point but rather strengthens it. Unmarried mothers formed part of the population of young people and members of the community in Ireland.

The documentary evidence analysed here offers only a piece of the story and leaves the historian to wonder what happened to these women. To what extent did their experiences satisfy their desire for secrecy and the avoidance of both personal and family shame? Their histories form part of the story of Ireland's 'containment culture', although the work of Kunzel, among others, demonstrates that the desire to protect and reform 'problem girls' appears to have been a global manifestation. The travel permit records of unmarried mothers also illustrate that emigration was not always a path to liberation, but for the small number of women who succumbed to sexual impropriety, it led to virtual incarceration in their homeland and thus to an even smaller landscape than they had left.

⁵⁵ *Report of the Commission on Emigration*, p. 137.

V. 'I know she never intended to rear it': infanticide*

* *Belfast News-Letter*, 6 Apr. 1855.

10. Responding to infanticide in Ireland, 1680–1820

James Kelly

The main features of the infanticide phenomenon as it was practised in Ireland in the eighteenth century correspond broadly with the pattern identified in England and Scotland for the same time period.¹ The overwhelming majority of victims were newborn, though infants up to one year who were killed or abandoned in a manner that led directly to death are also embraced within the definition of what constituted infanticide. They were the offspring of single women – servants are the most commonly identified social group – and they were killed, or disposed of in a manner precipitating death, by their mothers in all but a small minority of cases because the women concerned sought to escape the consequent social ostracism and economic marginalization that were the inevitable consequence of giving birth to a child that was deemed illegitimate in law. Interestingly, when set in its archipelagic context, a reasonable case can be made that the perpetrators of infanticide in Ireland were less violent than their Scottish equivalents. This is not to suggest that those instances in which infants were discovered ‘with the head severed from the body’, with their ‘throat cut’, with multiple stab wounds to the head and body, or bearing severe skeletal injuries indicative of ‘dashing ... against the ground’ did not die as a result of acts of great violence, but there are no instances quite as gruesome as those identified by Anne-Marie Kilday in her study of infanticide in Scotland; moreover, the more typical means by which children were disposed of in Ireland was by strangulation (by hand or more usually with a cord), suffocation (including overlying) and drowning. Furthermore, many dead children were discovered wrapped in a cloth, interred (sometimes in burial grounds) or with other indications

¹ J. Kelly, ‘Infanticide in 18th-century Ireland’, *Irish Economic and Social History*, xix (1992), 5–26; M. Jackson, *New-born Child Murder: Women, Illegitimacy and the Courts in 18th-Century England* (Manchester, 1996); A. Kilday, *Women and Violent Crime in Enlightenment Scotland* (Woodbridge, 2007); A. Kilday, “Monsters of the vilest kind”: infanticidal women and attitudes to their criminality in 18th-century Scotland’, *Family and Community History*, xi (2008), 100–15; A. Kilday, ‘Infanticide in Britain since 1600’, in *Histories of Crime: Britain 1600–2000*, ed. A. Kilday and D. Nash (Basingstoke, 2010), pp. 60–79; R. W. Malcolmson, ‘Infanticide in the 18th century’, in *Crime in England 1550–1800*, ed. J. S. Cockburn (1977).

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that the person responsible was conscious that the body was respectfully treated.²

Though some late eighteenth-century commentators in Ireland were prepared, given the striking poverty of some of those caught in the act of infanticide and statements by others to the effect that they were driven to this action by ‘poverty’, to conclude ‘that want, pinching want alone’ was the primary cause,³ this is belied by the weight of evidence which suggests that ‘the avoidance of the shame of an illegitimate child’ was still more influential. This was certainly the conclusion of John Tennent, an apprentice at Coleraine, County Antrim, who responded in February 1790 to the discovery nearby of the body of a child with the observation that it was ‘alas ... too common a practice for [unmarried] women to kill their children to avoid the shame attending their having them’. Others alluded in a similar fashion, and with a degree of empathy in certain instances, to the pressure that pregnant single women were under to ‘conceal’ their ‘shame’, but it was manifested still more vividly by a woman who ‘cut her throat’ in Naas jail in 1755 following her admission that she had ‘drowned her child’.⁴ Significantly, despite the recognition that a woman might feel compelled to engage in the ‘dreadful’ act ‘of destroying her child’ by fear of the consequences that must follow ‘the discovery of her misfortune’, few were willing in the eighteenth century even to consider the psychological impact of the experience upon women, and still fewer to mitigate the woman’s responsibility by ascribing the action to ‘insanity’, in cases other than where there was a visible and established record of derangement, or where the offender was married.⁵ Indicatively, infanticide trailed suicide in this respect.⁶

² Kilday, *Women and Violent Crime*, ch. 4; Kilday, “Monsters of the vilest kind”, pp. 102–3; *Dublin Intelligence*, 3 Oct. 1730; *Freeman’s Journal*, 12 March 1765, 8 Sept. 1791, 14 June 1792, 24 Oct. 1801, 9 Oct. 1802, 8 May 1807; *Volunteer Evening Post*, 8 Apr. 1784; *Dublin Chronicle*, 8 July, 19 Aug. 1790, 20 Oct. 1792; *Hibernian Journal*, 27 Aug. 1790, 11 Oct. 1793; *Clonmel Gazette*, 17 July 1790; *Dublin Weekly Journal*, 18 June 1791; *Cork Gazette*, 10 July 1793.

³ *Belfast News-Letter*, 21 Aug. 1789; *Freeman’s Journal*, 15 July 1790; *Clonmel Gazette*, 17 July 1790.

⁴ Kilday, ‘Infanticide in Britain since 1600’, p. 67; PRONI, D1748/D/2/2, memoirs of John Tennent, 1786–90; *Universal Advertiser*, 7 June 1755; *Finn’s Leinster Journal*, 7 Apr. 1779; *Freeman’s Journal*, 13 May 1788.

⁵ *Freeman’s Journal*, 13 May 1788, 9 Oct. 1802; *Dublin Weekly Journal*, 16 Oct. 1790; *Dublin Intelligence*, 3 Aug. 1728; *Hibernian Journal*, 29 July 1772.

⁶ J. Kelly, ‘Suicide in 18th-century Ireland’ (forthcoming). In Ireland, as elsewhere, mental ill-health achieved greater recognition in the 19th century, and, as Kilday observes, ‘the recent flurry of writing about the relationship between infanticide and mental instability is most readily explained by the clearly burgeoning linkage between the legal sphere and medical opinion after 1850’ (see P. M. Prior, *Madness and Murder: Gender, Crime and Mental Disorder in 19th-Century Ireland* (Dublin, 2008), ch. 5).

Infanticide was, as this overview of its characteristics and causes illustrates, a product, first and foremost, of a code of sexual morality that aspired to interdict sexual activity by women outside marriage by idealizing virtue and by imposing severe social and legal sanctions on those who transgressed. This approach was grounded on the conviction, forged in the crucible of Christian belief and reinforced by the prevailing patriarchal social order, that virginity was not only an admirable human condition, but also the only appropriate state for an unmarried woman (widows obviously excepted). For this reason, women were repeatedly cautioned, in the home, church and public realm, to be ever alert not to conduct themselves in a fashion that could even be perceived as compromising. Thus a correspondent writing in the *Hibernian Journal* in advance of the ‘General Review’ of the army to be held in Dublin in 1781 advised: ‘No female who regards her reputation should go unprotected, for not only the acts of seduction will be put in practice, but from the various inclinations in such an aggressive mass of persons, little decorum or delicacy need be expected’.⁷

The concern with female reputation possessed an underlying socio-economic rationale (as Samuel Johnson pointed out with characteristic acuity in 1776)⁸ because the practice of primogeniture, which governed the intergenerational transmission of property, was predicated on legitimate heirs, which could only be assured if the sexual reputation of the woman in a marriage was above reproach. This conclusion was given legal authority by the jurist William Blackstone, who averred that a woman’s ‘honour’ (by which he meant her virtue) was more valuable than her life. Blackstone overstated the case, but not by much, since a woman whose virtue was impugned was undeniably tarnished, and not only in the eyes of those who occupied the upper rungs of the *ancien regime* pyramid, but also by those of all ranks for whom property was a defining emblem of status and position. In other words, the assumptions that sustained the preoccupation with female virtue percolated through society, with the result that a woman of all but the lowest order who aroused even a hint of suspicion was unlikely to be perceived as an acceptable partner for a man of her own station, because, in the words of another contemporary: ‘A woman ought not only to be virtuous, ... all the earth should think her so; a female might as well be in reality a prostitute as imagined so ...; a woman cuts a despicable ... figure depriv’d of her honour ... and a woman’s honour is centr’d in her

⁷ *Hibernian Journal*, 4 June 1781.

⁸ Cited in *Eighteenth-Century Women: an Anthology*, ed. B. Hill (1984), pp. 25–6.

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virtue’.⁹ The power of such belief was amplified by the fact that it was not just the transgressor but her whole family who were subject to the negative social consequences of the loss of reputation of an individual, as William Westland of Dublin made clear in 1718 when he initiated a ‘quiet enquiry’ into the reputation of his brother’s intended because, he confided, ‘I am in much fear he will marry the whore to the scandal of my family’.¹⁰ The consequences were no less acute among the ‘peasantry’, as a perceptive Quaker observer noted:

If a woman makes a false step she has no resource but to leave the country; were she to charge her seducer before a magistrate she would be thought a monster of imprudence. She has no chance of a husband. Gold ... would hardly induce the meanest of our peasants to unite with a woman whose chastity was sullied. She therefore generally goes to some place where she is not known, and there frequently earns her bread honestly, without ever repeating her crime, and if a long course of years prove the reality of her penitence, she may perhaps be sometime returned to her family. The partner of her crime also often finds it expedient to abscond to shun the vengeance of her relations.¹¹

Given the serious consequences of the loss of reputation, women of all social classes were fully aware that they would pay a high price if they got caught infringing the prevailing sexual and moral code, and they were disposed, as a result, to go to great lengths to protect their reputations. The most obvious strategy, and the one most commonly urged on them by moralists, jurists, religious and fellow family members was to avoid extra-marital sexual activity, but this was not always possible in a society that was not sexually repressed (and not just because it contravened inherited biological and acquired behavioural instincts).¹² It was, one may reasonably conclude, the option pursued by most women, and it was facilitated not only by fear of the consequences of doing otherwise, but also (assuming

⁹ *Freeman's Journal*, 7 Feb. 1764. See the comparable sentiment: ‘one false step for ever ruins their fair fame; blasts the fragrance of virgin innocence, and consigns them to contempt and disgrace’ (cited in *Women in the 18th Century: Constructions of Femininity*, ed. V. Jones (1990), p. 87).

¹⁰ National Library of Ireland, Kelsall papers, MS. 13294, William Westland to Mrs. Frances Kelsall, 12 July 1718.

¹¹ New Haven, Beinecke Library, Osborn Collection, Ballitore papers, letters on the character of the Irish peasantry, n.d., letter 6.

¹² See K. Harvey, *Reading Sex in the 18th Century: Bodies and Gender in English Erotic Culture* (Cambridge, 2005). A more anecdotal manifestation of this point is provided by the willingness of gentlemen to engage in sexual dares and bets (see J. Kelly, ‘The Bar Club, 1787–93: a dining club case study’, in *Clubs and Societies in 18th-Century Ireland*, ed. J. Kelly and M. Powell (Dublin, 2010), pp. 373–91).

that they were part of a family network) by familial expectations, and by the fact that the interval between the onset of the menarche (late teens) and the likely age of marriage (early twenties) was not prolonged.¹³ However, there were a large number of women who could not draw on family or other comparable supports, or who chose because of circumstances or character not to observe the moral strictures then obtaining. The substantial number of women in service are the most obvious, and pertinent, example of the former category, but the same point may be made of women in a variety of situations, occupations and positions who experienced unwanted pregnancies, and who had recourse to a variety of strategies – which included resigned acceptance, neglect, abuse and abandonment, as well as infanticide – as they contrived to deal with the consequences.¹⁴

Such work as has been undertaken on the history of sexual behaviour in late early modern Ireland suggests that opportunistic sexual assault was not unusual in the eighteenth century. Most attention to date has focused on the abduction of women of fortune, because abductions have left a distinct visible evidential footprint, and because of their putative political significance.¹⁵ But the vulnerability of women, particularly if unaccompanied, to opportunistic sexual assault suggests that the absence of restraints on men equivalent to those deemed to apply to women not only permitted an obvious double standard in terms of how the sexes behaved, but also fostered an environment in which male sexual assertiveness was indulged.¹⁶ It certainly helped to sustain a vibrant sex industry in which, based on the surviving memoirs of those ‘women of pleasure’ who put pen to paper, casual violence and male insouciance were normative.¹⁷ Women involved in the sex industry may be perceived as a special case, but their prominence in the brothels and on the streets of towns and cities is emblematic of a society in which sexuality was more openly expressed than the strictures of contemporary moralists would suggest.¹⁸ Moreover, it is not unlikely (though the evidence for this claim is slim) that the primitive understanding of the human reproduction system and the limited

¹³ K. H. Connell, *The Population of Ireland 1750–1845* (Oxford, 1950), pp. 39–40.

¹⁴ M. O’Dowd, *A History of Women in Ireland, 1500–1800* (Harlow, 2005), ch. 4.

¹⁵ J. A. Froude, *The English in Ireland* (3 vols., 1881), i. 464–82; J. Kelly, ‘The abduction of women of fortune in 18th-century Ireland’, *Eighteenth-Century Ireland*, ix (1994), 7–43; T. P. Power, *Forcibly Without her Consent: Abductions in Ireland, 1700–1850* (iUniverse.com, 2010).

¹⁶ J. Kelly, ‘“A most inhuman and barbarous piece of villainy”: an exploration of the crime of rape in 18th-century Ireland’, *Eighteenth-Century Ireland*, x (1995), 78–107.

¹⁷ *The Memoirs of Mrs. Leeson*, ed. M. C. Lyons (Dublin, 2005); *Memoirs of Laetitia Pilkington*, ed. A. C. Elias (Athens, Ga., 1997).

¹⁸ D. Fleming, ‘Public attitudes to prostitution in 18th-century Ireland’, *Irish Economic and Social History*, xxxii (2005), 1–18.

availability of contraception and abortifacients ensured that sex workers were responsible for a not insignificant proportion of the abandoned infants, foundlings and infanticides that constitute the most visible evidence of the chasm that yawned between the moral code as articulated and sexuality as practised, and for the social problem that infanticide represented.¹⁹

The authorities were certainly in no doubt that infanticide demanded a stern legal response. In this respect, as in so many others, Irish law was content to follow English precedent.²⁰ The Irish ‘act to prevent the murdering of bastard children’, which took its legislative rise at the Irish Privy Council in April 1707, followed the English act ‘to prevent the destroying and murdering of bastard children’ ratified in 1624, and it echoed the English (and still more stringent Scottish) law in placing the burden of proof on those accused of infanticide. Thus an unmarried²¹ woman could be sentenced to death for infanticide if it was demonstrated that she concealed the fact that she was pregnant, gave birth alone and without assistance, and if the child to which she gave birth was either dead or missing. There was no onus on the prosecution, in other words, to demonstrate that the accused had actually killed a child, and it could mean that a woman would be found guilty of infanticide in cases of stillbirths.²² Unlike the law targeted at preventing the abduction of heiresses enacted in the same session, which was prompted by a particular event – the sensation caused by the kidnapping and forced marriage of Margaret McNamara of Cratloe²³ – the smooth passage into law of the bill against infanticide was facilitated by the perception that it was an urgent social problem. This realization had been dawning for some time. It was sufficiently well advanced by 1689 to cause Sir Richard Bulkeley to include a recommendation in favour of ‘the nursing and bringing up of children that are found, that our land may not be under the guilt of any one murder of an innocent infant’, in a scheme that he devised for the ‘future easing of this city and kingdom from the great burden of

¹⁹ For a case directly linking prostitution and foundlings, see *Universal Advertiser*, 10 Apr. 1753.

²⁰ See, generally, N. Garnham, *The Courts, Crime and the Criminal Law in Ireland, 1692–1760* (Dublin, 1996); J. Kelly, *Poyning’s Law and the Making of Law in Ireland, 1660–1800* (Dublin, 2008).

²¹ Married women accused of infanticide were tried subject to the normal rules of evidence and proof applied in homicide cases.

²² 21 Jas. I, c. 27 (English); 6 Anne, c. 4; A. Kilday, ‘Desperate measures or cruel intentions? Infanticide in Britain since 1600’, in Kilday and Nash, *Histories of Crime*, p. 63; M. Clayton, ‘Changes in Old Bailey trials for the murder of newborn babies, 1674–1803’, *Continuity and Change*, xxiv (2009), 337–59, at p. 339; Kelly, ‘Infanticide’, p. 6.

²³ 6 Anne, c. 16; Kelly, ‘Abduction’, pp. 10–12.

[the] poor'.²⁴ Nothing came of Bulkeley's suggestion, but a surge in moral concern in the 1690s, epitomized by the establishment of a network of societies committed to the reformation of manners and the ill-concealed reluctance with which Church of Ireland parishes acquitted themselves of the costly responsibility of providing for abandoned children (infants particularly),²⁵ was a factor in prompting the establishment in 1703 of a workhouse to which such children could be conveyed. Within two decades the workhouse was admitting nearly as many children as adults (110 as against 112 in 1725–6), with the result that it was adjudged expedient in 1727 formally to vest responsibility for the care and education of all 'poor deserted children' over six years in Dublin and its environs in the Dublin Workhouse, and to direct parishes to appoint 'overseers' whose responsibility it was to monitor 'the nursing and maintaining of such exposed or foundling children as are or shall be left upon the parish, till they shall be admitted into the workhouse'. It was soon apparent that this arrangement did not address the core problem of ensuring that foundling children did not continue to 'perish before they attain the age of six', with the result that Parliament took up the issue once more, and determined in 1729 to establish a Foundling Hospital devoted specifically to the care of young children.²⁶

Having put a system in place that, it was avowed, not only solved the problem of child abandonment but also meant that there 'can be no shadow of excuse to commit [child] murder', the authorities did not decline to apply the stern provisions of the 1707 act.²⁷ It is all but impossible, in the absence of court records equivalent to those available to students of infanticide in England and Scotland, to offer a statistical perspective on this, but it can be observed with some confidence that, though the Irish act followed the earlier English statute of 1624, the Irish experience did not replicate the seventeenth-century English and late seventeenth- to early eighteenth-century Scottish experiences, which resulted in the trial of significant numbers of women for the crime of infanticide, and the return of a high proportion of guilty verdicts against those so charged. The reasons

²⁴ University of Nottingham Library, Bentinck papers, MS. Pw A 2326, Sir Richard Bulkeley, 'Proposal for ye future easing of this city and kingdom from the great burden of [the] poor'. I wish to thank Dr. Christopher Lawlor for bringing this document to my notice.

²⁵ T. Barnard, 'The societies for the reformation of manners', in *Irish Protestant Ascents and Descents, 1641–1770*, ed. T. Barnard (Dublin, 2004); *The Vestry Records of the United Parishes of Finglas, St. Margaret's, Artane and the Ward, 1657–1758*, ed. M. Ni Mhurchadha (Dublin, 2007), p. 112.

²⁶ 1 Geo. I, c. 27; 3 Geo. II, c. 17; J. Robins, *The Lost Children: a Study of Charity Children in Ireland 1700–1900* (Dublin, 1980), pp. 10–15.

²⁷ *Dublin Chronicle*, 26 Aug. 1790.

for this are difficult to establish, but it may be ascribed at least in part to the fact, identified most convincingly with respect to those cases heard at the Old Bailey in London, that the standard of proof required to secure a conviction increased in the early eighteenth century and instead of handing down capital sentences for concealing the death of an illegitimate child, it was necessary to demonstrate wilful intent.²⁸ Certainly, there is no evidence to suggest that the Irish authorities emulated their English and Scottish equivalents by prosecuting a large number of infanticide cases to conviction in the aftermath of the enactment of the 1707 infanticide act. The law did not lie unused, however. Those cases that are reported demonstrate that the authorities were willing both to prosecute women for infanticide and to impose a capital sanction (death by burning, which was the manner in which women were executed) when they were in a position to link a case of child abandonment (which resulted in death) or direct infanticide to an individual.

The first identified case involved Jane Smith of Balrothery, County Dublin, who was tried and found guilty in 1717 for abandoning her illegitimate child, as a result of which the infant was set upon and 'injured so seriously' by a pig that it died.²⁹ Since the outcome of Smith's petition for a pardon (which is our primary source of information in this case) is unknown, it is not apparent if she paid the ultimate penalty, but at least three, and perhaps four, other women were publicly burnt for child murder between 1720 and 1725.³⁰ Moreover, this pattern was sustained until the early 1750s, during which time at least eight other women were sentenced to death for the 'murder of her bastard child'.³¹ A majority of these were burned, but the fact that Esther Moody's death sentence was commuted to transportation for life in 1743, and that in the second quarter of the eighteenth century the

²⁸ J. Beattie, *Crime and the Courts in England, 1660–1800* (Oxford, 1986), pp. 115–16; J. R. Dickinson and J. A. Sharpe, 'Infanticide in early modern England: the Court of Great Session in Cheshire, 1650–1800', in *Infanticide: Historical Perspectives*, ed. M. Jackson (Aldershot, 2002), pp. 49–50; Kilday, 'Infanticide in Britain since 1600', pp. 63–4; Clayton, 'Changes in Old Bailey trials', p. 339; M. Francus, 'Monstrous mother, monstrous societies: infanticide and the rule of law in restoration and 18th-century England', *Eighteenth-Century Life*, xxi (1997), 135–42.

²⁹ TNA, SP 63/374, petition of Jane Smith, 12 Aug. 1717.

³⁰ *Whalley's Newsletter*, 5 Nov. 1720; W. J. Fitzpatrick, *Ireland Before the Union* (Dublin, 1868), p. 91n.; *Dublin Weekly Journal*, 1, 22 May 1725; J. Kelly, *Gallows Speeches from 18th-Century Ireland* (Dublin, 2001), pp. 183–5. The outcome in the case of Nelly Salvy, who was committed to jail for stabbing and strangling her newborn child in Jan. 1725, is unclear and it has not been included, though one report has it that she was to be burnt (*A Full and True Account of a Barbarous and Bloody Murder by Nelly Salvy, A Cook Maid ...* (Dublin, 1724)).

³¹ This is the phrase used in the reports of several capital verdicts (see *Pue's Occurrences*, 3 May 1740, 9 Apr., 3 Sept. 1743, 20 Aug. 1751).

number of defendants committed to jail for child murder, and the number brought to trial that were acquitted, exceeded the number found guilty, suggests that, like their English, and from 1740 their Scottish counterparts, Irish courts were not reluctant to return capital verdicts unless there was incontrovertible evidence that a child had died violently, but were disposed to seek extenuation. This conclusion is supported by the fact that the verdict handed down in several such instances contravened public expectation. It is important to note at the same time that public opinion may not have been attitudinally uniform in this respect; the fact that the four women executed for infanticide between 1743 and 1751 were all from Ulster, and that suspects were less likely to be brought to trial and, if brought before the courts, more likely to be acquitted in Dublin, suggests that the outcome depended to at least some extent on the prevailing denominational and cultural attitude towards sexual incontinence, and that this was sterner in Presbyterian Ulster than elsewhere.³²

Moreover, it cannot be assumed that the ostensible fall in the conviction rate was evidence either of an identifiable shift in public attitude towards infanticide or of the adoption of a more benign regime when the welfare of children was at issue. It was certainly apparent by the 1750s to the few who took an interest in such matters that the establishment of the Foundling Hospital had not provided a solution, as Parliament had anticipated, to infanticide.³³ Based on the uninterrupted upwards trend in the numbers admitted (the average annual intake rose from 546 in the 1720s, to 820 in the 1750s, to over 2,152 in the 1780s)³⁴, it was clear that the hospital had relieved the Church of Ireland parish vestry of a responsibility that it would have found overwhelming; it had also, reports to the contrary notwithstanding,³⁵ greatly diminished the frequency with which abandoned infants and small children were encountered on the streets of Dublin and at other locations. What was beyond its capacity to achieve was the sea change in public attitudes and in the approach to child welfare that was required if the problems ‘of exposed or foundling children’ dying ‘for want of due care and provision’, and infanticide were ever properly to be addressed. The most visible, and undeniable, manifestation of this was provided by the fact that the ostensible success of the upward graph of admissions to the hospital occluded a grievous pattern of neglect, mistreatment and mismanagement that characterized the institution from its inception. There were problems

³² *Dublin Intelligence*, 18 Nov. 1719, 5 Aug. 1731; *Pue's Occurrences*, 9 Apr., 3 Sept., 17, 31 Dec. 1743, 20 Aug. 1751; *Faulkner's Dublin Journal*, 14 Aug. 1744.

³³ 1 Geo. I, c. 27.

³⁴ Robins, *Lost Children*, pp. 16–22, 24–7, 29.

³⁵ *Universal Advertiser*, 10 Apr., 10 July 1753; *Freeman's Journal*, 3 Sept. 1793.

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from the outset, but they were thrown into stark relief in January 1738 when thirteen infant bodies (three males and ten females), ‘with the workhouse mark and number on their arms’, were ‘accidentally discovered in the hollow of the sandbank near Kilmainham Bridge’. Since many of these infants, who had been farmed out to wet-nurses, bore ‘marks of violence’, it was evident that they had not died naturally, and the structural problems to which this attested were further highlighted by the subsequent discovery of eight more bodies at the same location.³⁶ The management of the Foundling Hospital responded by introducing corrective measures, such as the requirement that nurses brought the foundling children entrusted to their care with them when they received their annual stipend. This ensured that there was no repeat of the organized murder and disposal of foundlings discovered at Kilmainham, but it did not prevent mistreatment leading to death, and still less the abuse of a minority of foundling children.³⁷ More significantly, it had little or no impact on the mortality rate of those admitted to the Foundling Hospital, which stood at an imposing 45 per cent in 1739. Reduced as a consequence of persistent effort following a major inquiry in the late 1750s, it oscillated between 20 and 25 per cent until the mid 1780s, when it embarked on a sharp upwards move that peaked in 1796–7 at 76 per cent.³⁸ Moreover, as if to confirm the suspicions of those improvers and social reformers who apprehended that the care of foundling children was not a political or public priority, ongoing reports of the discovery of the bodies of infants sent out to nurse, and the case of the woman who was sentenced to death at the County Cavan assizes in 1795 for the murder of eleven children whom she was deputed over a number of years to bring to the Foundling Hospital, suggested that the problem of caring for unwanted children was as acute and resistant to solution as ever it had been.³⁹

Though the evidence heard during various inquiries into the Foundling Hospital might, in other circumstances, have hastened its closure, most residents of eighteenth-century Ireland were less than strongly exercised by such matters, and by the concomitant issue of child abuse. This did not allow abusers the liberty to do as they please; there were limits to what the public and the authorities would wear, but they were not easily excited

³⁶ *Dublin Gazette*, 17, 21 Jan., 14 Feb., 14 March 1738.

³⁷ *Dublin Courant*, 6 Feb. 1745, 17 Oct. 1747; *Hibernian Journal*, 21 Apr. 1773.

³⁸ Robins, *Lost Children*, pp. 22, 24, 25, 29; *Journal of the House of Commons of the Kingdom of Ireland* (3rd edn., 21 vols, Dublin, 1796–1802), xvii, app., p. dxvii. I wish to thank Gaye Ashford for sharing the results of her work on the Foundling Hospital with me.

³⁹ *Dublin Chronicle*, 6 May 1788; *Hibernian Journal*, 2 Sept. 1795. In fact the hospital was to embark on an era of improvement that was to see the mortality rate fall to 17 per cent by 1805 (*Third Report of the Commissioners of Irish Education Inquiry* (Dublin, 1826), p. 148).

either to anger or to action. It is notable that when Vere and Neale Molloy were tried at the Dublin Commission of Oyer and Terminer in 1762 for so badly mistreating their daughter Sarah that she required admission to the Hospital for Incurables (though seventeen, she reputedly looked eleven, was emaciated and semi-feral), because Vere Molloy ‘had taken an unnatural aversion to her’, the court not only did not prioritize the girl’s condition, but also acquitted the accused of all charges and ordered the prosecution of those who gave evidence against them for perjury.⁴⁰ It was an extraordinary outcome, but it was not out of character since the Foundling Hospital had more willing defenders than it had outraged critics, and suggestions that taxes might be raised to provide the institution with additional funding to meet the demand for its services met with the unaccommodating negative that the citizenry of Dublin were already paying enough ‘to maintain all the bastards from different parts of this kingdom’.⁴¹

Be that as it may, the fact that there was a Foundling Hospital, and that it was, as one commentator observed, ‘always prepared to rescue female wretches from the dreadful alternative of ... [committing] murder’, permitted the forceful articulation of the argument that there was ‘no excuse’, not even ‘the supposition that both were actually starving’, for infanticide, and that those responsible were deserving of ‘the most exemplary punishment’.⁴² This censorious attitude was informed, and shaped, by an enduring antipathy to the crime of child murder. Respectable opinion had, to be sure, long regarded child abandonment and child murder as repellent crimes. But whereas early eighteenth-century reports in Ireland tended to focus on the shocking means by which infants met their premature end, on the manner in which the body was discovered, and on the injuries visited upon abandoned children by pigs and dogs,⁴³ later reports devoted more attention to criticizing the person, generally the ‘mother’, responsible. The favoured epithets were ‘unnatural’ and ‘inhuman’, and these words were utilized with such frequency from the early 1750s that the perception that women who killed their infant children were ‘unnatural’, ‘inhuman’ and ‘cruel’ was firmly established in public consciousness. Indeed, these and

⁴⁰ *Trial of Neale Molloy, Esq., Vere Molloy, his Wife, at a Sitting of His Majesty’s Commission of Oyer and Terminer, and General Gaol Delivery for the City of Dublin, the 10 December 1762* (Dublin, 1763). I wish to thank Catriona Crowe for her assistance in securing access to this pamphlet.

⁴¹ *Finn’s Leinster Journal*, 5 Feb. 1774.

⁴² *Freeman’s Journal*, 13 May 1788, 15 July 1790; *Dublin Morning Post*, 8 Jan. 1785; *Dublin Chronicle*, 2 Sept. 1790

⁴³ See, e.g., *Dublin Intelligence*, 10 June 1729, 26 Apr. 1731; *Dublin Gazette*, 18 Apr. 1732; *Dublin Newsletter*, 26 Apr. 1737.

allied terms provided the core vocabulary and key concepts that were used to construct the narrative through which most cases of infanticide were relayed to the public well into the nineteenth century.⁴⁴ Utilizing just such language, a commentator in the increasingly moralistic *Dublin Chronicle* observed in 1788 that 'unnatural parents', 'who abandon a small and smiling offspring, should be hunted out of society, and their names branded with public infamy'.⁴⁵ In another case, 'a young girl' who was 'hired' to kill an unwanted child, and who did so 'by dashing the infant against the ground', was adjudged less culpable than the 'monster of a mother' who had procured her services.⁴⁶ The recourse to 'monster' echoed the terminology employed in England in the seventeenth century, but the fact that the comparable terms 'bloody and inhuman monsters' (used in 1775 with respect to two women who committed infanticide) and 'monsters in human form' were also used, and that others were denominated 'wretches' and 'wretched', is indicative of the level of genuine societal revulsion that the opinion formers who reported such incidents sought to convey.⁴⁷ This desire was also manifest in the occasional exasperated religiously inspired ejaculation to the effect that the failure of the law to capture and punish those responsible for infanticide was a 'disgrace to humanity', and that those who 'escape[d] punishment in this life ... may be sure of meeting their reward hereafter', because they not only offended the 'laws of nature and God' but also 'add[ed] the horrid sin of murder to that of incontinence'.⁴⁸

If such outbursts reflected the enduring hostility of opinion formers in the public realm to infanticide in Ireland, public opinion at large was more mutable, and certainly more ambivalent.⁴⁹ The most obvious evidence of this is the increase in the number of reported cases of infanticide in the later decades of the eighteenth and early decades of the nineteenth century, but the unwillingness of the *menu peuple* to co-operate openly with the authorities

⁴⁴ For examples, see *Dublin Newsletter*, 12 March 1743; *Munster Journal*, 24 Jan. 1751; *Pue's Occurrences*, 14 Oct. 1752, 2 Jan., 11 Oct. 1768, 18 Feb. 1769; *Universal Advertiser*, 18 Jan. 1755, 29 July 1760; *Dublin Gazette*, 16 March 1765; *Finn's Leinster Journal*, 22 Aug. 1767, 13 July 1774; *Freeman's Journal*, 13 Feb. 1768, 23 Feb. 1773, 1 Jan. 1774, 25 May, 11 July 1775, 24 Oct. 1801, 24 March 1807, 9 Apr. 1810; *Dublin Morning Post*, 8 Jan., 1 March 1785; *Dublin Chronicle*, 26 June 1788; *Dublin Weekly Journal*, 19 June 1790; *Ennis Chronicle*, 22 Aug. 1818.

⁴⁵ *Dublin Chronicle*, 9 Aug. 1788.

⁴⁶ *Dublin Weekly Journal*, 10 July 1790.

⁴⁷ *Hibernian Journal*, 23 Jan. 1775; *Freeman's Journal*, 3 July 1784, 15 July 1790; *Limerick Journal*, 8 July 1784; *Cork Gazette*, 10 July 1793; *Anthologia Hibernica*, iv (Oct. 1794), 317.

⁴⁸ *Finn's Leinster Journal*, 7 Apr. 1779; *Cork Gazette*, 10 July 1793; *Dublin Chronicle*, 22 Oct. 1789; *Freeman's Journal*, 28 Sept. 1810.

⁴⁹ See Kelly, 'Infanticide', table 1, p. 6.

in locating and punishing those responsible is still more revealing.⁵⁰ Women who were suspected of or detected in the act were routinely permitted to make their escape; others were rescued from the authorities, or merely subjected to a mild popular chastisement, such as a public ducking.⁵¹ The preparedness of midwives and of third parties (in a number of instances the mother's mother) to kill and to dispose of the dead child certainly suggests that the conclusion, based on the behaviour of those in service, that the women responsible for infanticide acted alone may require modification.⁵² Many (perhaps a majority) did, but others were assisted by family members, by friends or by individuals who were financially compensated, and even, and in particular circumstances, by men.⁵³ The situation in Ireland certainly differs from that in Scotland where the writ of the kirk and the close societal monitoring it fostered not only made it very difficult for single women to conceal the fact that they were pregnant, but also ensured a ready stream of information to the religious and secular authorities. Church wardens and other parish officers did seek on occasion to identify those responsible for particular instances of infanticide, but they identified fewer offenders than workmates and chance discovery.⁵⁴

In any event, only a minority of those responsible for infanticide in Ireland were detected, brought to trial and penalized for their action. Indeed, in keeping with the pattern established in Scotland after 1740,⁵⁵ and in England some decades earlier, the disinclination of the courts to apply the draconian provisions of the 1707 act in all their severity from the outset became still more marked post-1760, as the ratio of legal proceedings (as evidenced by the number of coroner's judgements that a child was 'wilfully murdered', individuals committed and trials) to executions continued to diminish.⁵⁶ The fact that three of the eight people who forfeited their lives for infanticide between 1751 and 1812 were men, and that four men were found guilty in

⁵⁰ This was occasionally remarked upon (see *Freeman's Journal*, 15 Dec. 1807).

⁵¹ Kelly, 'Infanticide', pp. 12, 18–19; *Munster Journal*, 22 Nov. 1750; *Pue's Occurrences*, 14 Oct. 1752; *Universal Advertiser*, 11 Oct. 1755, 10 March 1759; *Dublin Chronicle*, 12 Oct. 1790; *Hibernian Journal*, 19 Sept. 1781, 13 Oct. 1790; *Freeman's Journal*, 13 Apr. 1792, 14 Oct. 1802.

⁵² *Dublin Gazette*, 22 Sept. 1739; *Universal Advertiser*, 12 July 1755, 17 Sept. 1757; *Freeman's Journal*, 24 Jan. 1775; *Hibernian Journal*, 9 July 1790; B. Henry, *Dublin Hanged: Crime, Law Enforcement and Punishment in Late 18th-Century Dublin* (Dublin, 1994), p. 38.

⁵³ *Clonmel Gazette*, 2 June 1788; Kelly, 'Infanticide', pp. 16–17.

⁵⁴ Kilday, "Monsters of the vilest kind", pp. 102–5; *Dublin Intelligence*, 19 July 1729; *Pue's Occurrences*, 28 Feb. 1767; *Cork Gazette*, 9 Feb. 1791.

⁵⁵ Interestingly, it was opined in Ireland in 1783 that the practice adopted there of transporting those convicted of infanticide was 'an encouragement ... to the murder of bastard children' (*Dublin Evening Post*, 22 May 1783).

⁵⁶ Kelly, 'Infanticide', table 1, p. 6.

all, is consistent with this conclusion. This is not to suggest that the 1707 act was allowed to fall into disuse. Prosecutions continued to be brought, guilty verdicts were handed down, and examples made when the case was sufficiently egregious to be perceived by the authorities, and by the public, to demand the ultimate response. Thus Margaret McKay, who was executed in Limerick in 1779, was the last known woman sentenced to be burned to death, while Susannah Killen, who was found guilty at Carrickfergus assizes in August 1791 of ‘the murder of her bastard child’, has the invidious distinction of being the first person sentenced according to the new regulations introduced with respect to capital punishment; her body was ‘delivered’ after hanging ‘to the surgeons of the county infirmary, to be dissected and anatomized’.⁵⁷ This was also the fate of Rose Kelly, who was found guilty at the Dublin Commission of Oyer and Terminer of killing her five-year-old daughter in 1805, and of Bridget Stack, who was executed at Ennis in 1812 for killing her newborn child.⁵⁸ Similarly, Edward Armstrong was tried and executed at Downpatrick in 1789 for poisoning his four-month-old son, shortly after the death of his wife.⁵⁹ These were, as the small amount of information available in each instance reveals, cases of an exceptional nature, since the authorities were normally disposed to commute the death sentence if there was any mitigating circumstance. Thus, Mary Donogho at Mullingar assizes in 1781 and Elizabeth Mulhall at Maryborough in 1800 both had their sentences respited when they ‘pleaded pregnancy’.⁶⁰ A capital sentence, in other words, was no longer the inevitable or even likely outcome in ordinary infanticide cases in advance of the decision of the Parliament at Westminster in 1803 to rescind the 1624 English and 1707 Irish infanticide acts and to replace them with a new law (the Ellenborough Act) which provided that the same rules of evidence should pertain in cases of infanticide as in other homicide cases, with the caveat that concealment of birth was deemed an offence punishable by a term of up to two years in prison.⁶¹ Elizabeth Jones had reason to be grateful therefore, as the combination of a change in the law, judicial understanding and a lenient jury ensured that she was found ‘not guilty’ either of concealing the birth of her ‘bastard’ daughter or of the girl’s murder, though the child’s body was discovered in the ‘necessary’ with signs of injury, when she was tried before the County Antrim assizes in 1823.⁶²

⁵⁷ *Munster Journal*, 23 Aug. 1779; *Hibernian Journal*, 9 Sept. 1791; *Freeman’s Journal*, 6 Sept. 1791; *Dublin Chronicle*, 3 Sept. 1791.

⁵⁸ *Freeman’s Journal*, 20 Feb. 1802; *Ennis Chronicle*, 18 Nov. 1818.

⁵⁹ *Ennis Chronicle*, 20 Aug. 1789.

⁶⁰ *Hibernian Journal*, 2 Apr. 1781; *Freeman’s Journal*, 21 Aug. 1800.

⁶¹ 43 Geo. III, c. 58; Kilday, ‘Desperate measures’, p. 64.

⁶² *Freeman’s Journal*, 30 July 1823.

As this pattern of sentencing suggests, the slow ebbing of confidence in the capacity of the criminal justice system to prevent infanticide by executing those responsible visible in the second half of the eighteenth century was accentuated in the early decades of the nineteenth century. It did not result in the cessation of the practice, of course, because the still more crucial attitudinal and economic factors that prompted young women to commit infanticide continued to prevail. Stripped of the ideological conditioning (both religious and behavioural) that informed most eighteenth-century commentary on infanticide, it is apparent that those who opted for this dramatic and irreversible solution to a life-changing personal crisis were guided by the starkness of the options facing them. Thus the young woman at Limerick who chose in 1743 to throw her child of a few months into the River Shannon when her husband, who was not the father of the child, made it known to her that he was not prepared to stay with her if she did not ‘leave the same with the father’ determined which choice was in her interest.⁶³ Similar calculations encouraged other women, and some men, to conclude that it was not only ‘no crime to kill a bastard’, but also that it was ‘a mercy to the child’. This certainly was the import of the defence offered by a woman who was sentenced to death for infanticide in Wales in 1805; she justified her action before Judge George Hardinge on the grounds that she was in no position to provide ‘for it [the child] myself’, and that if she had attempted to do so both she and her child must have suffered social ostracism as a consequence.⁶⁴ Clearly, many of those responsible for the hundreds of identifiable cases of infanticide and the still more numerous cases of child abandonment that took place in Ireland had reached a similar conclusion. This explains why at the end of the eighteenth and beginning of the nineteenth century individuals with perspectives as diverse as John Murray, the publisher, Thomas Russell, the political radical, and George Hardinge, the judge, continued to ponder the phenomenon of the apparent predisposition of Irish mothers to kill their own children, without any real confidence that there was a solution that would, once and for all, end the practice.⁶⁵

⁶³ *Dublin Newsletter*, 12 March 1743.

⁶⁴ George Hardinge to Bishop Horsley, Apr. 1805 (in J. Nichols, *Illustrations of the Literary History of the 18th Century* (8 vols., 1822–8), iii. 126–7).

⁶⁵ Nichols, *Illustrations*, pp. 126–7; John Murray’s diary, 18 June 1775 (in W. Zachs, *The First John Murray and the Late 18th-Century Book Trade* (Oxford, 1998), p. 137); *Journals and Memoirs of Thomas Russell*, ed. C. J. Woods (Dublin, c.1991), p. 36.

II. 'A very immoral establishment': the crime of infanticide and class status in Ireland, 1850–1900

Elaine Farrell

On the night of 22 April 1865, Daniel Bryan was lying in bed in the Ballinasloe Workhouse in County Galway. The building was over two decades old, having been built in 1841, the same year that gas street lighting was introduced to the town.¹ It was almost one o'clock in the morning when Bryan noticed the silhouette of a figure in the men's yard of the workhouse. Although the light from the privy cast a glow on the mysterious shape, he could not determine for certain if it was a man or a woman. He assumed from the dark dress worn that it was a female visitor, although he knew that female inmates did not generally have access to the men's yard. Startled by the presence of the woman, Bryan woke Pat Loughnane, who was sleeping in the next bed, and the pair watched the eerie figure from the dormitory window. They noticed that the strange woman carried a bundle under her arm. Daniel would later admit that he 'Never saw a ghost before; never saw any of the good people; never saw a Lochroman'. His companion, Pat Loughnane, would 'not swear what I saw was a "Leprechaun" or any of the goodpeople'.²

The residents of the workhouse discussed the fascinating story of the female ghost on the following day. The mysterious tale was also told to the master of the workhouse. David Breen, a married man with eight children, later admitted that he paid little attention to the ghost story because 'rumours about ghosts were current among the inmates' in the institution.³ His wife, the matron of the workhouse, speculated that it was probable that Bryan 'was up to some of his tricks again' and had fabricated the story as a means of terrifying the other residents.⁴ Daniel Bryan was

¹ P. K. Egan, 'Ballinasloe town and parish 1585–1855', *Galway Reader*, iv (1953), 89–101; T. MacLochlainn, *Ballinasloe Inniu agus Indé: a Story of a Community over the Past 200 Years* (Ballinasloe, 1971), pp. 37–8.

² A witness explained to the court that a Lochroman and a Leprechaun 'were different ranks of the Fairies' (*Western Star*, 22 July 1865). For more on folk beliefs, see also A. Bourke, *The Burning of Bridget Cleary: a True Story* (1999).

³ *Western Star*, 3 June 1865.

⁴ *Western Star*, 10 June 1865.

not a reliable witness as it was known that he had stolen clothing when he left the institution on two former occasions. The mysterious figure was not observed again in the men’s yard.

Several weeks later on 29 May 1865, Peter McManus, a fourteen-year-old pauper resident, was engaged in cleaning out the men’s privy in the workhouse yard – the matter from the water-closet was required for use on the farm. The young teenager had lived in the Ballinasloe Workhouse for over a year. He was engaged in this tiresome work with a fellow resident, Bryan Lamb. As Lamb shovelled the manure from the water-closet, McManus threw it into a cart. The latter observed a black bundle tied with string in the pile of dirt. He stuck his four-pronged pitchfork into the parcel and similarly tossed it into the cart. The cart was then taken to a different yard and emptied into the dung heap. Two days later, Peter McManus and another resident, Thomas Meacle, were ordered to mix the compost. As Meacle shovelled the manure into the wheelbarrow, the parcel was again observed. This time, however, Meacle investigated the bundle by prodding and poking it with the edge of his shovel. As the dirty black cloth finally gave way, the dead body of a female infant fell out. The matter was immediately reported to the master of the workhouse, and the police and the local doctor were summoned to the institution.

The startling discovery in the Ballinasloe Workhouse was one of a sample of 4,645 suspected infanticide, attempted infant murder and concealment of birth cases that occurred in the latter half of nineteenth-century Ireland and were recorded as part of this research.⁵ This chapter will consider the class status of women accused of murdering or concealing the births of their infant offspring during this period. Through an analysis of the suspected case of infanticide that occurred in the Ballinasloe Workhouse in County Galway in 1865, it will argue that infanticide and concealment of birth were generally regarded as offences committed by the lower classes, but lower-class women were not necessarily the only perpetrators. While the class status of the accused dictates that this case cannot be regarded as representative of those that came to public attention during this period, it nonetheless reveals much about the crime and assumptions about the relationship between sexual morality and class in Ireland. The actions of the middle-class perpetrator in Ballinasloe will be compared to the experiences and treatment of the ‘typical’ infanticide suspect. The reasons why middle- and upper-class women did not feature as frequently in the infanticide sources as their lower-class counterparts will thus become clear.

⁵ See E. Farrell, *A Most Diabolical Deed’: Infanticide and Irish Society, 1850–1900* (Manchester, forthcoming).

The class status of the accused resulted in an unusual press interest in the Ballinasloe Workhouse infanticide case, and these newspapers form the basis of this chapter.⁶ The extensive reports in national and local newspapers, and the crowded petty sessions and assize courts, illustrate that this was the stuff of entertainment in nineteenth-century Ireland. Through the various witness testimonies repeated in court and later discussed at home, intimate details about the illicit sexual relationship that resulted in this supposed infanticide became public knowledge.⁷ The discovery of a dead baby allowed the public, and subsequently the historian, a glimpse into a private affair.

***'This was a most diabolical deed'*⁸**

During the nineteenth century, criminal activity was often attributed to lower-class men and women. In 1849, *Dublin University Magazine* emphasized that:

The atrocities which daily fill the newspapers, and which, be it noted, have of late increased to an alarming degree, are, with rare exceptions, so entirely confined to the poorer classes, that the well-educated world seems to look on the mass of criminals who crowd our prisons as a race altogether apart from themselves.⁹

Contemporary assumptions regarding the motivations for infanticide strengthened the idea that lower-class perpetrators committed the crime. The illegitimate status of an infant was considered a principal motivating factor for infanticide, in Ireland and elsewhere.¹⁰ In August 1880, Dublin

⁶ It is unfortunate that the Ballinasloe Workhouse Board of Guardian minute books do not appear to have survived for this year. I am grateful to Patria McWalter of the Galway County Council Archives for her assistance with the minute books.

⁷ See also J. M. Galley, 'For shame: accusations of infanticide and coroner's inquests into the deaths of legitimate infants in Victorian Ontario', in *Killing Infants: Studies in the Worldwide Practice of Infanticide*, ed. B. H. Bechtold and D. C. Graves (New York, 2006), pp. 282–309.

⁸ *Western Star*, 22 July 1865.

⁹ 'Crime and its consequences: "scenes where the Tempter has triumphed"', *Dublin University Magazine*, xxxiv (1849), 383–91, at p. 383.

¹⁰ For Ireland, see J. Kelly, 'Infanticide in 18th-century Ireland', *Irish Economic and Social History*, xix (1992), 5–26; P. Prior, *Madness and Murder: Gender, Crime and Mental Disorder in 19th-Century Ireland* (Dublin, 2008); C. Rattigan, "'Dark spots' in Irish society: unmarried mothers and infanticide in Ireland, 1926–38", in *Single Motherhood in 20th-Century Ireland: Cultural, Historical, and Social Essays*, ed. M. C. Ramblado-Minero and A. Pérez-Vides (Lewistown, NY, 2006), pp. 83–102; C. Rattigan, "'I thought from her appearance she was in the family way": detecting infanticide cases in Ireland, 1900–50', *Family and Community History*, xi (2008), 134–51; C. Rattigan, *'What Else Could I Do?': Single Mothers and Infanticide, Ireland, 1900–50* (Dublin, 2012). For outside Ireland, see M. L. Arnot, 'Understanding

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coroner Nicholas Whyte explained that: ‘It behoved him, in discharge of his duty, to watch with particular care the deaths of illegitimate children, for this reason that unfortunately from the child’s position there was always a motive for getting rid of it’.¹¹ The stigma attached to illegitimacy transcended class boundaries in Ireland and was not restricted solely to the middle and upper classes. The attorney-general’s responses to the Capital Punishment Commission in 1865 confirmed the assumption that sections of the lower classes upheld established views of sexual morality: ‘Do the women there [in Ireland] lose caste if they have illegitimate children? – Yes. Amongst the lower class of peasantry? – They do’.¹² In 1886, Charles Bourke, chairman of the General Prisons Board, corroborated that lower-class women had reason to conceal their pregnancies:

in most countries of Europe (at any rate) women of this [lower] class who happen to fall, are not excommunicated immediately from the Society of their equals, and have therefore less temptation to conceal birth, or to commit Infanticide. But in this country a girl who is unfortunate in this particular ... is at once discarded by her Parents, and disowned and isolated from all humane society, and driven homeless in the wide world.¹³

Economic reasons were also thought to motivate the crime during this period. In a private letter to the lord lieutenant in 1881, Justice George May expressed his opinion that a woman found guilty of murdering her infant at the summer assizes in Enniskillen: ‘appeared to be poor and miserable – otherwise probably she would not have taken refuge in the workhouse for her confinement – presumably she felt the child to be a burden and encumbrance, to relieve herself of which she deprived it of life’.¹⁴ The recognition that infanticide could be financially motivated further strengthened the assumed link between the crime and the poorer classes, where another mouth to feed or a blemish on one’s reputation could spell financial ruin for a family or individual.

women committing newborn child murder in Victorian England’, in *Everyday Violence in Britain, 1850–1950*, ed. S. D’Cruze (2000), pp. 55–69, at pp. 57–8; D. J. R. Grey, ‘Discourses of infanticide in England, 1880–1922’ (unpublished Roehampton University PhD thesis, 2008); K. Ruggiero, ‘Honor, maternity, and the disciplining of women: infanticide in late 19th-century Buenos Aires’, *Hispanic American Historical Review*, lxxii (1992), 353–73, at pp. 356–7; S. Wilson, ‘Infanticide, child abandonment, and female honor in 19th-century Corsica’, *Comparative Studies in Society and History*, xxx (1988), 762–83.

¹¹ *Freeman’s Journal*, 28 Aug. 1880.

¹² Report of Capital Punishment Commission (Parl. Papers 1866 [3590], xxi), p. 441.

¹³ National Archives of Ireland (hereafter NAI), miscellaneous criminal files, 1862 (1888), letter from Charles Bourke to Lord Aberdeen, 1 July 1886.

¹⁴ NAI, miscellaneous criminal files, 1862 (1888), letter from George May to Lord Cowper, 11 July 1881.

Unsurprisingly, the discovery of the dead infant in the Ballinasloe Workhouse prompted speculation about the identity of the mother. Items found with a dead baby sometimes led the authorities to the mother or father of the child. Union-labelled baby clothing pointed the police in the direction of the local workhouse. Other infants were placed in boxes or wrapped in newspapers, cloths, scraps of fabrics, aprons or other items of dress that the mother could easily access but could unwittingly lead to her arrest. In one instance, a letter postmarked in Lusk and addressed to a 'Miss M. A. McKenna, Four Courts Hotel, Inn's Quay, Dublin' was found in the pocket of a coat that concealed the remains of a dead baby. The letter from the suspect's mother identified her place of employment and greatly facilitated the police investigation.¹⁵ Distinctive items of clothing wrapped around a dead baby's body could also lead police officers to individual suspects known to have owned similar items. A handkerchief with the name 'M. Walker' was tied around the body of the infant found in the Ballinasloe Workhouse. In this instance, however, it was not immediately regarded as a clue in the investigation. It was known to have belonged to Mary Walker, who had visited the workhouse schoolmistress almost a year previously. The visitor had forgotten her handkerchief on her departure and it had since been passed between the schoolmistress and the matron of the workhouse, and could have been taken by any of the residents of the institution.

On the day after the discovery in the Ballinasloe Workhouse, Coroner Martin Pelly summoned an inquest jury to determine the cause of death of the deceased infant. In the case of newborn deaths, the nineteenth-century coroners' juries also had to consider if the child had been born alive. If there was no evidence that the child had been alive at birth, then the charge of murder could not be sustained. As James Kelly explained in the previous chapter, an act introduced by Lord Ellenborough in 1803 sanctioned the offence of concealment of birth for a woman acquitted of the murder of her illegitimate infant 'if it shall so appear in Evidence that the Prisoner was delivered of Issue of her Body, Male or Female, which, if born alive, would have been Bastard, and that she did, by secret Burying, or otherwise, endeavour to conceal the Birth thereof'.¹⁶ The offence could form part of the indictment or could be returned as an alternative verdict in an acquitted case of child murder. Subsequent amendments in 1829 and 1861 extended the offence of concealment of birth to legitimate infants, established the crime of concealment of birth

¹⁵ NAI, coroners' files for County Dublin, 1c 28 90, case of Mary Anne McKenna, 16 Dec. 1904.

¹⁶ 43 Geo. III, c. 58.

as a separate charge, and punished accomplices as well as the mother of the dead child.¹⁷ Throughout the nineteenth century, the murder of an infant, like all murder offences, was punishable by death.¹⁸

Local doctor Dominick Burke was summoned to the inquest at the Ballinasloe Workhouse and requested to examine the tiny corpse externally for confirmation that the baby had been born alive and had been murdered. Medical witnesses during this period generally examined the condition of the umbilical cord, looked for evidence of meconium¹⁹ on the infant’s body, or assessed the baby’s features and limbs for an indication that he or she had struggled for life prior to death.²⁰ Doctors also tended to examine the internal organs in a further attempt to ascertain evidence of live-birth and cause of death.²¹ An analysis of the contents of the stomach showed whether or not the child had been fed before death or if any foreign matter had been ingested after birth. Nineteenth-century Irish coroners generally coupled a study of the baby’s stomach with an examination of the lungs, known as the hydrostatic lung test.²² The floatation of the lungs in water could be taken to indicate that air had circulated and life had been established prior to the death of the infant. Dr. Dominick Burke deduced from a medical examination of the dead baby found in the Ballinasloe Workhouse that the newborn had been born alive and had been dead for several weeks. He confirmed suspicions that violence had caused the death of the infant and the coroner’s jury subsequently returned a verdict of murder by a person or persons as yet unknown.²³

¹⁷ 10 Geo. IV, c. 34; 24 and 25 Vic., c. 100.

¹⁸ For a discussion of the Infanticide Act introduced in 1922, see D. J. R. Grey, ‘Women’s policy networks and the Infanticide Act 1922’, *Twentieth Century British History*, xxi (2010), 441–63. For a discussion of the Infanticide Act (1949), introduced in the Republic of Ireland, see M. J. Maguire, *Precarious Childhood in Post-Independence Ireland* (Manchester, 2009); S. R. Larmour (McAvoy), ‘Aspects of the state and female sexuality in the Irish Free State, 1922–49’ (unpublished University College Cork PhD thesis, 1998); C. Rattigan, “‘Half mad at the time’: unmarried mothers and infanticide in Ireland, 1922–50”, *Cultures of Care in Irish Medical History, 1750–1970*, ed. C. Cox and M. Luddy (Basingstoke, 2010), pp. 168–90.

¹⁹ Discharge from the bowel of a newborn baby.

²⁰ See M. Jackson, ‘Suspicious infant deaths: the statute of 1624 and medical evidence at coroners’ inquests’, in *Legal Medicine in History*, ed. M. Clark and C. Crawford (Cambridge, 1994), pp. 64–88, at p. 75.

²¹ See C. Crawford, ‘Medical practitioners and the law in 18th-century England’, in *Medicine and the Law: Proceedings of the 19th International Symposium on the Comparative History of Medicine-East and West*, ed. Y. Otsuka and S. Sakai (Tokyo, 1998), pp. 35–62, at p. 50.

²² See R. P. Brittain, ‘The hydrostatic and similar tests of live birth: a historical review’, *Medico-Legal Journal*, xxxi (1963), 189–94.

²³ *Western Star*, 3 June 1865.

On the evening of Sunday 4 June, four days after the discovery of the dead child in the Ballinasloe Workhouse, two locally resident constables set out to make arrests. Sub-inspector Patrick Sweeny proceeded to one of the rooms that David Breen, the master of the institution, shared with his wife, and found the workhouse master seated at a table. Breen informed the policeman that he had been expecting him and entrusted him with a letter that he had written. The handwritten document eloquently described that:

I, David Breen, fearing the eternal wrath of an avenging God, and feeling that He would look on me as a participator in the fearful crime ... if I kept a guilty knowledge of it within my breast, and having, in unutterable anguish, confessed that knowledge to my best of wives, whom I have so shamefully ill-used, do now, with her full consent, and in the full confidence and belief that it is the only means of saving our immortal souls from eternal perdition, confess before the world the knowledge I possess in relation to this matter.

The workhouse master confessed in his written statement that the infant found in the men's privy was 'the fruit of illicit intercourse' between himself and another member of staff at the Ballinasloe Workhouse.²⁴ He named Mary Anne Duane, the schoolteacher employed in the workhouse, as his mistress and the mother of the dead child discovered at the institution. The chairman of the Board of Guardians would later admit that he could not see any benefit for the master in writing the 'damning production, admitting the crime of seduction, though he knew that doing so would be ruinous to his own family'. Another member concluded: 'I think he was mad'.²⁵ Whatever the motivation for the letter, the confession resulted in the arrest of the master and schoolmistress.

The arrests at the Ballinasloe Workhouse were subsequently reported in the local and national newspapers. Reporting from Ballinasloe, a writer for the Dublin-based *Freeman's Journal* confirmed that the 'investigation excited considerable interest, and indeed the case continues to occupy public attention here almost to the exclusion of every other subject'.²⁶ Suspected infant murder cases in nineteenth-century Ireland did not always provoke this level of public interest. Muted, seemingly indifferent reports of suspected infanticide cases were regularly published in the local and national press.²⁷ In 1861, for example, a three-sentence report in the

²⁴ *Western Star*, 10 June 1865.

²⁵ *Western Star*, 17 June 1865.

²⁶ *Freeman's Journal*, 8 June 1865.

²⁷ Louise Ryan notes similar practices in 20th-century Ireland (see L. Ryan, 'The press, police and prosecution: perspectives on infanticide in the 1920s', in *The Irish Women's History Reader*, ed. A. Hayes and D. Urquhart (Dublin, 2004), pp. 137–51; L. Ryan, *Gender, Identity and the Irish Press, 1922–37: Embodying the Nation* (New York, 2001)).

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Freeman’s Journal documented the discovery of a baby’s body in a heap of rubbish at the back of the Donoghmore Workhouse in County Kildare. Judith Handerhan, an inmate of the workhouse and the supposed mother of the dead infant, was named in the report, but little comment was made on the case.²⁸ In contrast, readers of the *Freeman’s Journal*, as well as other newspapers, were kept informed of developments in the investigation into the suspected infanticide in Ballinasloe. The level of attention bestowed upon the case was understandable; middle- or upper-class women did not frequently feature as protagonists in tales of infanticide brought before the Irish courts. The following section will illustrate the reasons for this, based on the actions and reactions of suspects Mary Anne Duane and David Breen.

‘The fearful crime’: pregnancy, infanticide and class assumptions

The suspected infanticide in the Ballinasloe Workhouse was, in some respects, similar to many infant murder cases that came before the Irish authorities during the latter half of the nineteenth century. The dead infant in this instance was illegitimate, like more than 84 per cent of the babies whose status was recorded in the sources, and newborn, like 79.2 per cent of those in the sample whose ages were documented. Mary Anne Duane, however, was one of the few middle-class females summoned to court for the crime. But were middle- and upper-class women less likely to face an unwanted pregnancy, less likely to commit infanticide, or simply less likely to get caught than their lower-class counterparts?

It could be argued that women of the lower classes more commonly experienced undesirable pregnancies than those of a higher class. Lower-class women may have been compelled by their finances to engage in paid or unpaid work to support themselves or their families. It is possible, therefore, that lower-class women, travelling, living or working alone or in the company of men who were not family members, had greater opportunity for sexual intercourse, and were thus more likely than supervised middle- and upper-class women to become pregnant. Helena Wojtczak has argued in her study of women in nineteenth-century Sussex that ‘among the upper classes girls had less freedom and were chaperoned and so, of course, premarital pregnancies were rare’.²⁹ More importantly, however, a middle- or upper-class woman who found herself pregnant outside marriage had resources to deal with her impending childbirth.

²⁸ *Freeman’s Journal*, 11 May 1861.

²⁹ H. Wojtczak, *Women of Victorian Sussex: their Status, Occupations, and Dealings with the Law, 1830–70* (Hastings, 2003), p. 31

A woman could marry prior to the birth of her unborn child to avoid the shame and social exclusion that might follow an illegitimate birth. Dymphna McLoughlin has suggested that marriage to a pregnant woman demeaned a man, even if he had fathered the child.³⁰ It must be acknowledged that such opinions would have varied according to time period, place of residence, social status and personal circumstances of those involved. In general, a nineteenth-century Irish woman or her family needed to provide a suitable dowry to secure her marriage.³¹ It is probable that a larger dowry was required to ensure the marriage of a pregnant bride or the mother of an illegitimate baby, and this may have proved an obstacle for a woman with limited finances. In 1852, for example, Samuel Gilmore proposed marriage to a woman who had given birth to his illegitimate infant. The woman explained that Gilmore ‘wanted a fortune with me, but I had none’ and thus the marriage did not take place.³² A middle- or upper-class woman and her family, on the other hand, could use available finances to encourage or pressurize the father of the child or another man into marriage.

The schoolmistress at the Ballinasloe Workhouse was not in a position to wed David Breen because he was already married, but she, like other middle-class women at the time, had resources to deal with her unwanted pregnancy. In his confession of guilt, David Breen admitted that the schoolmistress had organized a ‘premature confinement’, that is an abortion.³³ A few months before the discovery of the dead infant in the workhouse, Mary Anne Duane applied to the Board of Guardians for leave from her employment, during which time she apparently intended to trigger labour and miscarry her illegitimate infant. Little is known of Duane’s plans; the surviving evidence examined does not record how or with whom the arrangements were made. Anne O’Connor has argued that surviving sources reveal little about professional abortionists in nineteenth-century Ireland.³⁴ A professional abortion was only an option for a woman with the contacts or means to source a practitioner, the time to have the operation, and the finances to pay for the procedure. It is probable that many unmarried domestic servants, agricultural labourers and those of a poorer class, unlike Mary Anne Duane, would not have been able to finance

³⁰ D. McLoughlin, ‘Women and sexuality in 19th-century Ireland’, *Irish Journal of Psychology*, xv (1994), 266–75, at p. 273.

³¹ See D. Fitzpatrick, ‘Marriage in post-Famine Ireland’, in *Marriage in Ireland*, ed. A. Cosgrove (Dublin, 1985), pp. 116–31.

³² *Belfast News-Letter*, 23 July 1852.

³³ *Belfast News-Letter*, 23 July 1852.

³⁴ A. O’Connor, ‘Abortion: myths and realities from the Irish folk tradition’, in *The Abortion Papers, Ireland*, ed. A. Smyth (Dublin, 1992), pp. 57–65, at p. 63.

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an abortion or would have found it difficult to obtain the necessary leave from work.

Abortifacients might have been a more popular choice for nineteenth-century Irish women than a professional abortion. As Ann Daly illustrates in this volume, local and national newspapers regularly carried advertisements for medicines that claimed to be ‘invaluable, as a few doses of them carry of [*sic*] all humours, and bring about all that is required. No female should be without them ... for removing any obstruction or irregularity of the system’.³⁵ Despite these confident claims, such abortifacients might not have been particularly effective. This is evidenced by the case of Mary Gamble, who in 1855 was suspected of murdering her newborn infant. The thirty-one-year-old Dublin woman admitted after arrest that ‘she had taken in large quantities of drugs calculated to produce abortion, but did not succeed’.³⁶ Historian Patricia Knight concluded that companies were ‘probably reluctant to sell anything too effective, in case it turned out to be also too lethal!’³⁷

There is no evidence to suggest that Mary Anne Duane used abortifacients to rid herself of her unwanted foetus. Her servant later admitted, however, that the schoolmistress frequently took hot baths in the weeks leading up to her period of leave, a remark that alludes to an attempt to trigger a miscarriage.³⁸ In the event, Duane’s pre-arranged plans to dispose of her infant were thwarted when she unexpectedly went into labour at the Ballinasloe Workhouse before her period of leave. She informed the father of the child that she had given birth to his illegitimate offspring by secretly passing him a note as she left his living quarters to go for a walk with his wife. The Ballinasloe Workhouse case came to the attention of the authorities because the middle-class schoolmistress either miscalculated her due date or gave birth prematurely. It will never be known how many middle- and upper-class women used their resources successfully to conceal their pregnancies and births.

Employees of middle- and upper-class women could also intentionally or unknowingly assist with the act of infanticide or concealment of birth. Bridget Cannon, a girl of about fourteen years of age, worked as a servant for the schoolmistress in the Ballinasloe Workhouse for three years. Cannon, who been raised in the institution, did not have to cook for the schoolmistress because Duane ate with the master and matron of the house on a daily basis. The young servant instead cleaned the schoolmistress’s

³⁵ *Belfast News-Letter*, 9 Jan. 1890.

³⁶ *Freeman’s Journal*, 24 March 1855.

³⁷ P. Knight, ‘Women and abortion in Victorian and Edwardian England’, *History Workshop Journal*, iv (1977), 57–69, at p. 62.

³⁸ *Western Star*, 22 July 1865.

living quarters in the workhouse, which comprised a bedroom, sitting room and spare room, and did whatever general chores were required of her. In the spring of 1865, Bridget Cannon seems to have unintentionally helped Mary Anne Duane to conceal the evidence that she had given birth to a child.

The dead newborn baby discovered in the manure in the Ballinasloe Workhouse was born in February 1865. Evidently determined to conceal the evidence of her sexual activity outside wedlock, Duane appears to have chosen to deliver herself in an institution that would have boasted medical assistants and hospital attendants. The schoolmistress subsequently requested her young servant to assist her to clean the room. Duane pointed out some blood stains on the wooden floor near the fireplace that needed to be wiped up and also directed Bridget Cannon to fetch some brown paper and a mopping cloth. Duane gave Cannon a bundle, which she alleged contained some dirty clothes. Cannon would later recall that her mistress was very anxious about these clothes and maintained that she did not want anybody else to see these soiled items.³⁹ She requested Cannon secretly to deposit the bundle in the men's privy. At nightfall, the schoolmistress rolled the clothes in the young girl's petticoat and secured it with tape around her back and a pin at the front. Cannon's dress was then allowed to drape over the bundle, thereby concealing it completely from view. The young girl slipped through the dining hall unobserved and went out to the men's privy. Duane insisted that the servant should keep the entire incident a secret.

Once the bundle was successfully deposited in the men's privy, Duane produced some other bloody items of clothing and similarly stained bed clothes. She requested Cannon to burn some of these in the grate in the bedroom and to dispose of the remainder in the female privy. At seven o'clock the following morning, the young servant stole through the schoolroom to the yard and dumped the second bundle as required. The schoolmistress also requested Cannon to bring several stained items of clothing and bedding to the workhouse laundry. Ellen Farrell, who had lived in the workhouse for four years and worked in the laundry, noticed that the items were particularly soiled, but she apparently kept this information to herself.

Despite having already given birth, Mary Anne Duane nonetheless took her scheduled leave on 2 March and did not return to her position at the Ballinasloe Workhouse until 17 March. She wrote to the master of the workhouse from Dublin, asking him to remove the dead body of the infant from the privy in the men's yard. David Breen chose not to accede to this request. Some time after her return, Duane learned that the men's water-

³⁹ *Cork Examiner*, 9 June 1865.

closet was scheduled to be cleaned out. She again summoned the assistance of her young servant. On the night of 22 April, the pair slipped through the dining hall to the men's yard. Cannon carried a set of matches and a candle while her mistress brought a crook and the pointer that was used for geography lessons. It was on this occasion that one of the women was noticed by mystified Daniel Bryan and Pat Loughnane from the dormitory window. Duane and Cannon were, however, unable to locate the bundle containing the dead child that was subsequently discovered when manure was needed for the farm.

It is likely that assumptions about the class status of those who committed infanticide and concealment of birth ensured that some middle- and upper-class women escaped detection. Ryan similarly perceived that 'as a result of class prejudices, a "respectable" middle-class young lady was less likely to be suspected of any unsavoury activity'.⁴⁰ The initial discovery of the dead child in the Ballinasloe Workhouse was documented by the local newspapers before the parents had been identified. The editor of the *Western Star* commented that: 'It is supposed that the mother of the child was but lately admitted'.⁴¹ It was automatically assumed that a pauper resident had given birth to the infant, despite the fact that the handkerchief found with the body had previously been in the possession of the workhouse staff.

Liam Kennedy and Paul Gray have described the workhouse as 'a place of sojourn for unmarried mothers in the decades after the Great Famine ... a last resort for the economically and socially marginalised unmarried mother'.⁴² The assumption that infanticide was a crime usually committed by the poorer classes meant that a local workhouse, used as a maternity hospital by some with limited finances, was frequently the first port of call for policemen investigating a case of infanticide.⁴³ In many instances, staff and inmates of the institution could identify recently discharged infants and the mothers of those children, as in the case of Maggie Noone alias Collins. On 17 February 1888, Michael Costello found the body of a dead male child on his mother's land in Anbally, County Galway. Sergeant Andrew Brady began making inquiries at the nearby Galway Workhouse.

⁴⁰ Ryan, 'The press, police and prosecution', p. 145.

⁴¹ *Western Star*, 3 June 1865.

⁴² L. Kennedy and P. Gray, 'Famine, illegitimacy and the workhouse in western Ireland: Kiltrush, County Clare', in *Illegitimacy in Britain, 1700–1920*, ed. A. Levene, T. Nutt and S. Williams (2005), pp. 122–40, at p. 131.

⁴³ See also C. M. Alder, 'Maternal filicide, more than one story to be told', *Women and Criminal Justice*, ix (1997), 15–39, at p. 20; M. L. Arnot, 'The murder of Thomas Sandles: meanings of a mid-19th-century infanticide', in *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550–2000*, ed. M. Jackson (Aldershot, 2002), pp. 149–67, at p. 155.

Bridget Sullivan, a pauper inmate and an attendant in the maternity ward of the workhouse hospital, identified the dead baby as the recently born son of a young woman admitted to the ward on 31 January. Bridget Sullivan was convinced that Maggie Collins was the mother of the dead child because the items of clothing found on the baby were made by the young mother in the institution. Sullivan confidently asserted that she ‘saw the clothes after they were made, and I told her the seam that was on the top of the sleeve should be under the arms. She did not however alter them’.⁴⁴ Bridget Sullivan also identified the suspect in court, insisting that she ‘spent 10 days in the same ward with the defendant and I have no doubt but she is the same who gave her name as Maggie Collins while in hospital here’.⁴⁵

Admissions to the workhouse as well as births, baptisms and discharges were also regularly documented in various registers. These records, often meticulously maintained by workhouse staff, aided police investigations into suspected infanticide cases. In 1895, for example, a local man discovered the dead body of a female infant in a stream in County Fermanagh. Pauper inmates of the local workhouse identified the dead baby as the daughter of a recently discharged resident and corresponding admission, birth and discharge details recorded in the workhouse registers corroborated their evidence. The master of the workhouse clarified that the woman accused of murdering the infant had been a resident of the institution for almost four months prior to giving birth on 4 August. He asserted that:

That child was registered on the books of the union as the illegitimate child of Ann Jane ... and baptised in the name of Sarah Jane ... At about a quarter to eleven a.m. on Monday the 19th inst. Ann Jane ... was discharged by me from the workhouse at her own request.

On the day the dead baby was discovered in the stream, the policemen investigating the case located the woman at her mother’s house and arrested her on suspicion of murdering her daughter.⁴⁶ Policemen investigating the discovery of a dead baby in Ballinasloe might likewise have started their inquiries at the local workhouse. In this instance, the workhouse was also the scene of the crime and thus policemen questioned staff and residents about the identity of the mother, as well as events leading to the discovery

⁴⁴ NAI, Crown files for County Galway, 1C 19 154, deposition of Bridget Sullivan, 27 Feb. 1888.

⁴⁵ NAI, Crown files for County Galway, 1C 19 154, deposition of Bridget Sullivan, 23 Feb. 1888.

⁴⁶ PRONI, Crown files for County Fermanagh, Fer/1/3b/1, deposition of Thomas G., 23 Aug. 1895. Witnesses and defendants named in sources held at PRONI are not identified by name, and precise locations are not specified in this chapter in line with current policies.

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of the baby’s body. Without David Breen’s confession, however, the resident school mistress and the workhouse master might never have been connected to the dead infant found in the heap of manure.

‘Not so much as a single tittle of evidence’:⁴⁷ the courts and class

David Breen and Mary Anne Duane were arrested at the Ballinasloe Workhouse on Sunday 4 June 1865. On Wednesday, they appeared before the local magistrates. A large crowd gathered outside the local courthouse, illustrating that the case had evoked much interest in the local community. Unusually, it was anticipated that the inquiry would be closed to the public and the press. The attempt to keep the investigation private was likely a response to the class status of the suspects and their positions of authority in the workhouse. Similarly, when a ‘very much respected’ justice of the peace, accused of fathering and subsequently murdering a child with his unmarried domestic servant in 1889, was brought to court, the proceedings ‘were strictly private, no person being admitted save those immediately concerned in the case’.⁴⁸ The decision to conduct the Ballinasloe infanticide trial behind closed courtroom doors, however, was eventually overturned. The evidence presented by the witnesses at the magisterial investigation resulted in the committal of both prisoners to Galway Jail. The schoolmistress was remanded until the sitting of the Galway assizes on a charge of murder, while the workhouse master was committed for trial on a lesser charge of concealment of birth.

In the aftermath of the magisterial investigation, the Poor Law commissioners dismissed both David Breen and Mary Anne Duane from their positions at the Ballinasloe Workhouse. The pair had been found guilty of ‘immoral’ behaviour; the question of guilt in the murder case was, therefore, irrelevant. Indeed, this was not the first occasion that Breen’s actions had been investigated by the Board of Guardians. In 1858, suspicions were aroused that the master of the workhouse had used public funds to commission furniture. In response, Breen had submitted a lengthy statement to the editor of the local *Western Star*, claiming that although he had employed the same carpenter who worked for the Ballinasloe Workhouse to make tables for his mother and sister, he had personally paid for this work ‘to the last farthing’.⁴⁹ The Board of Guardians accepted Breen’s explanation on this occasion but emphasized that ‘it would have been the proper cause for him to have addressed his explanation to the

⁴⁷ *Western Star*, 10 June 1865.

⁴⁸ *Belfast News-Letter*, 23 Aug. 1889.

⁴⁹ Galway County Council Archives, minutes of the Ballinasloe Workhouse, G/00/5/21, minutes of the Ballinasloe Board of Guardians, 10 Nov. 1858.

Board of Guardians ... under whose authority and direction he acts' rather than to the local newspaper.⁵⁰

The Poor Law regulations dictated that if the master and matron of a workhouse were married, the dismissal of one rendered the other ineligible for the post unless the Poor Law commissioners voted otherwise. The matron of the Ballinasloe Workhouse had anticipated the threat to her position and had written a letter to the Board of Guardians, begging that she be allowed to retain her job until she could make alternative arrangements for herself and her children. One guardian surmised that it was 'most extraordinary' that the matron had not known about Mary Anne Duane's pregnancy or the subsequent childbirth and considered that the matron 'must be a very obtuse woman'. He pointed out that the police investigation would be hampered if she remained at the workhouse because the residents would not testify against her or her husband. He concluded that 'the paupers are under the absolute controul of the officers, as much as the Russians are under the despotism of the Czar'.⁵¹ Two separate votes were taken by the Board of Guardians but neither went in the matron's favour. She and her family were therefore obliged to leave the workhouse and seek residence elsewhere. The hospital nurse was temporarily appointed as matron and the board advertised for a new master and schoolmistress.

On 21 July, the Ballinasloe Workhouse infanticide case came before Justice Fitzgerald at the Galway assizes. The presiding judge reminded the grand jury that in order to try the accused, they must be satisfied:

first, that the woman charged with the concealment or murder of her child must be proved to have been delivered of that child. Secondly, that child must have reached maturity, that is, it must have been born alive, or lived in its mother's womb. Thirdly, to make the crime complete, the mother or some other party must have aided or accomplished the concealment or murder of the child.⁵²

In the event, the grand jury ignored the bill of murder against Mary Anne Duane on the grounds that there was little concrete evidence to prove that she had killed a live-born child. She was thus charged with the lesser offence of concealment of birth. The all-male grand jury similarly ignored the charge against David Breen because of a lack of direct evidence against him and he was discharged from custody.⁵³

⁵⁰ Galway County Council Archives, minutes of the Ballinasloe Workhouse, G/00/5/21, minutes of the Ballinasloe Board of Guardians, 17 Nov. 1858.

⁵¹ *Western Star*, 17 June 1865.

⁵² *Western Star*, 22 July 1865.

⁵³ For a detailed discussion of the Irish justice system, see W. E. Vaughan, *Murder Trials in Ireland, 1836–1914* (Dublin, 2009).

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Justice Fitzgerald addressed the jury at length after the witnesses had testified in court. He pointed out that the female suspect had gone to surprising lengths to conceal her stained clothes. He asked if ‘these traces were such as she and every other girl is subject to, why did she take such extraordinary pains to conceal what no other woman would be ashamed of acknowledging to one of her own sex?’⁵⁴ He emphasized to the jury that they were compelled to return a guilty verdict if they believed that the woman had been delivered of a fully developed child and had afterwards attempted to conceal the birth of that infant. After only twenty-three minutes, the jury returned to the court with a guilty verdict and recommended the suspect to mercy on the grounds that ‘another party was more guilty than she was’.⁵⁵ Although David Breen was not convicted of any criminal offence, the jury evidently deemed him responsible for the pregnancy. Mary Anne Duane, found guilty of concealing the birth of her newborn baby, was thus presented as the victim of the tale.

Tasked with fixing an appropriate sentence for Duane, Justice Fitzgerald explained that:

During his experience it had fallen to his lot to try girls of 16 or 17 years of age for doing away with their offspring; and it pained him exceedingly to hear the evidence in cases of the kind. They had, in most instances, been the victims of a seducer who stole their virtue under a pretence of marrying them.⁵⁶

The men of the courts frequently assumed that women accused of infanticide or concealment of birth were young, poor and naive victims of a wily seducer, and defence counsels regularly played on such notions. This stereotype, commonly mirrored in press reports of the period, could justify sympathetic treatment in the courts. In fact, only twenty-nine women were found guilty of the murder of their infant offspring and sentenced to death in Ireland in the latter half of the nineteenth century.⁵⁷ Fitzgerald admitted that the task of finding a suitable punishment for Mary Anne Duane was challenging because she did not match the profile of the ‘typical’ suspect who stood trial for infanticide or concealment of birth. The presiding judge considered that she ‘had been placed in a station of responsibility and authority. She ought, therefore, to have set all parties around an example of morality at least’.⁵⁸ The schoolmistress could not portray herself as a virtuous

⁵⁴ *Western Star*, 22 July 1865.

⁵⁵ *Connaught Ranger*, 26 July 1865.

⁵⁶ *Western Star*, 22 July 1865.

⁵⁷ Farrell, ‘A Most Diabolical Deed’.

⁵⁸ *Western Star*, 22 July 1865.

woman, the victim of a wily seducer who had encouraged her to yield to his sexual advances with a promise of marriage. Fitzgerald emphasized that she ‘could not have been led away by the promise of marriage, for she knew the grave would have to claim a victim before she could hope to be the wife of her paramour’. Despite this, the judge took into account Duane’s ‘suffering, the agency, and the shame she had undergone, the position she had lost, which she would never regain, the hopes of her youth blighted, and her virtue, so dear to her sex, gone also’.⁵⁹ He acknowledged that he had intended to impose a severe sentence to serve as a warning to others but on account of the strong recommendation to mercy passed by the jury, he instead bestowed upon her ‘a sentence similar to that which he would pass on any woman’.⁶⁰ Despite the judge’s reservations and his initial intentions, Mary Anne Duane was sentenced to six months’ imprisonment. Annually published *Judicial Statistics of Ireland* reveal that only 15.6 per cent of the 588 men and women convicted of concealment of birth between 1862 and 1900 received a harsher prison sentence.

Conclusion

The Ballinasloe Workhouse case illustrates that infanticide and concealment of birth were not exclusively committed by lower-class women. Other evidence alludes to the fact that child murderers and those who concealed the births of infants were not always poor. In 1863, the body of an unknown infant was discovered in a discarded lady’s purse that suggested that her mother ‘did not belong to the lower ranks’.⁶¹ The *Freeman’s Journal* commented in 1868 that the policemen who were investigating a case of infanticide expected that they would soon apprehend the perpetrator ‘who is suspected to be above the middle class’.⁶² In 1876, the dead body of a female child was discovered at Blackhorse Bridge in Dublin. The two-week-old baby, dressed in a long white robe tied with an embroidered belt and ‘a Berlin wool coat’, was evidently not of underprivileged parentage.⁶³ In 1878, a medical witness commented that the fine linens and white dress with a ‘fancy front’ that clothed the body of a baby discovered in County Roscommon were ‘such that you would not find used by ordinary poor people’.⁶⁴ In general, however, infanticide and concealment of birth were regarded as crimes committed by the lower classes.

⁵⁹ *Western Star*, 22 July 1865.

⁶⁰ *Kilkenny Journal*, 29 July 1865.

⁶¹ *Northern Whig*, 12 Dec. 1863.

⁶² *Freeman’s Journal*, 13 Apr. 1868.

⁶³ *Freeman’s Journal*, 31 July 1876.

⁶⁴ *Freeman’s Journal*, 10 May 1878.

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The ‘dark figure’ of infanticide may shield a number of middle- and upper-class perpetrators because a woman with resources had options to deal with an unwanted pregnancy. She could use her finances to secure a marriage or pay for an abortion. She also had the option of hiring knowledgeable assistants to help her to kill or conceal her offspring after birth, although it is difficult to find concrete evidence that this was a common solution. In addition, she could secure direct help from her innocent or abetting employees. Her class status meant that she might not be immediately suspected if the dead body was discovered. A woman with limited funds, on the other hand, had fewer options to deal with her unwanted pregnancy. Working women might not have had the time or the disposable income to fund an abortion and might not have been able to pay for assistance.

Many females who found themselves in court charged with infant murder or concealment of birth verified the image of the helpless, poverty-stricken, seduced woman. A study of the suspected child murder in the Ballinasloe Workhouse in 1865, however, presents an alternative image. Mary Anne Duane was a consenting party in the affair with the workhouse master. During the course of the investigation, it was revealed that ‘For some years an illicit intercourse had existed between her and the master, but so well managed that no one had ever observed any intimacy’.⁶⁵ Her attempts to hide her pregnancy, labour and the illegitimate baby suggest that she should be regarded as a ‘rational actor’ rather than a helpless victim.⁶⁶ This case study also serves to illustrate that although lower-class women were suspected when the body of an infant was discovered, they were not necessarily the only perpetrators. If Mary Anne Duane had given birth when she had expected, it is likely that the case would never have come to light. She would have taken leave from the workhouse, had her scheduled ‘premature confinement’ and returned to the workhouse without arousing suspicion. Evidently, there were greater options available to women with money who found themselves undesirably pregnant in the latter half of the nineteenth century.

⁶⁵ *Connaught Ranger*, 26 July 1865.

⁶⁶ See R. Gartner and B. McCarthy, ‘Killing one’s children, maternal infanticide and the dark figure of homicide’, in *Gender and Crime: Patterns in Victimization and Offending*, ed. K. Heimer and C. Kruttschnitt (New York, 2006), pp. 91–114.

12. Beyond cradle and grave: Irish folklore about the spirits of unbaptized infants and the spirits of women who murdered babies

Anne O'Connor

Irish religious lore and legend, as an integral part of Ireland's cultural heritage, has much to reveal to us about the stories we choose to tell and pass on, as part of our ongoing engagement with who we think we are, our identities and how we seek to represent ourselves in the world. I have been working as an academic folklorist for over thirty years and my research focuses on women and sin in Irish religious folklore. In many ways, concentrating on women's folklore was pioneering work in the late 1970s and early 1980s and hence this chapter draws on my own collecting of Irish tradition as well as my published work on these subjects. 'Folklore' is variously defined, but essentially it is *oral* (not written, and could be behaviour or action), *dynamic* (not static), *anonymous* (not traceable to any individual), *collective*, *continuous* and *variational*, in that it is shared over time and space and by a collective community, communicated over generations, groups and/or geographies. Bearing in mind that folklore is *not* history, the testimony from Irish folklore is presented to provide another way of seeing, and treating, these topics.¹

This research examines Irish oral narratives about the afterlife and seeks to understand both the nature of religious belief, and the circumstances in which such belief is manifest. There are also many social and communitarian aspects to these traditions, concerning as they do issues of women's sexuality, childbirth, stillbirth, child murder and the fate ascribed to unbaptized children in the afterlife. My purpose is to situate Irish religious lore and legend in a meaningful historical context, and to engage with this material as a window on understanding a particular worldview in Irish society.²

¹ The primary sources for folklore research in Ireland are in the National Folklore Collection at University College Dublin, which encompasses the Main Manuscripts, Schools' Manuscripts, Schools' Copybooks, photographic and audio-visual archive collections. Other significant collections include those of the Ulster Folk and Transport Museum and University College Cork.

² An early emphasis on the presentation and publication of Irish folkloric material as distinct from critical analysis and interpretation has changed in recent years, and many scholars (both folklorists and others) are now interrogating Irish folklore material in a more critical fashion.

This chapter therefore synthesizes my revision of my original doctoral work in Irish and international folk belief and legend, and includes further related scholarship in Irish cultural history.³ I will discuss Irish religious legend, provide examples of narratives, and conclude with some remarks concerning the historical significance of these oral traditions in Ireland. This is necessarily a synopsis as I wish to provide a perspective on what religious folklore is actually about and how it might be of use for historical research.⁴

Irish religious folklore

In addition to indicating folk belief and custom, much of Irish religious folklore relating to the return from the dead of the spirits of unbaptized children and women who are believed to have murdered children involves religious legends, in which themes, motifs and story-patterns redolent of medieval exempla resonate, and in which the concerns of post-Tridentine Roman Catholicism are readily apparent. ‘Unmarried mothers’ gave birth to ‘illegitimate’ children, and some of those women died during childbirth and some of those babies died without being baptized (‘Limbo’ was believed to be the destination of these unhappy souls).⁵ This chapter focuses on Irish legends about the souls of unbaptized children who return from the dead to accompany their mother’s soul to heaven (‘legends of the blessed’), as well as legends about the return from the dead of the spirits of women who are believed to have murdered children (‘legends of the damned’).

³ See A. O’Connor, *The Blessed and the Damned: Sinful Women and Unbaptised Children in Irish Folklore* (Bern, 2005); A. O’Connor, *Child Murderess and Dead-Child Traditions: a Comparative Study* (Helsinki, 1991).

⁴ See, e.g., R. Dorson, ‘The debate over the trustworthiness of oral traditional history’, in *Volksüberlieferung: Festschrift für Kurt Ranke*, ed. F. Harkort, K. C. Peeters and R. C. Wildhaber (Göttingen, 1968), pp. 19–35. See also G. Beiner, ‘Richard Hayes, Seanchas-collector extraordinaire. First steps towards a folk history of Bliain na bhFrancach – the Year of the French’, *Béalóideas*, lxviii (2000), 3–32; G. Beiner, ‘Negotiations of memory: rethinking 1798 commemoration’, *Irish Review*, xxvi (2000), 60–70; G. Beiner, *Remembering the Year of the French: Irish Folk History and Social Memory* (Madison, Wis., 2007); P. Burke, ‘History and folklore: a historiographical survey’, *Folklore*, cxv (2004), 133–9; J. Le Goff, *History and Memory* (New York, 1992); J. Le Goff and P. Nora, *Constructing the Past: Essays in Historical Methodology* (Cambridge, 1985); N. Ó Cíosáin, ‘Famine memory and the popular representation of scarcity’, in *History and Memory in Modern Ireland*, ed. I. McBride (Cambridge, 2001), pp. 95–117; N. Ó Cíosáin, ‘Approaching a folklore archive: the Irish Folklore Commission and the memory of the Great Famine’, *Folklore*, cxv (2004), 222–32; C. Ó Gráda, *Black ‘47 and Beyond: the Great Famine in History, Economy and Memory* (Princeton, NJ, 1999); C. Ó Gráda, ‘Famine, trauma and memory’, *Béalóideas*, lxix (2001), 121–43; J. Vansina, *Oral Tradition: a Historical Methodology* (Chicago, Ill., 1965); J. Vansina, ‘Memory and oral tradition’, in *The African Past Speaks: Essays in Oral History*, ed. J. C. Miller (Folkestone, 1980), pp. 262–79; J. Vansina, *Oral Tradition as History* (1985).

⁵ O’Connor, *Child Murderess*.

Sin and repentance are the primary foci of these narratives, reflecting concerns of not only medieval but also more modern periods in Irish society. It is also probable that the narratives reflect the religious worldview of the times when the material was collected or published, namely the latter part of the nineteenth century and the first half of the twentieth century, or when the material was collected during the 1930s through to the 1950s. These oral narratives can, thus, be analysed in the context of specific social and historical circumstances. In this way, the role of folklore in the construction of particular worldviews can be explored.

The folklore material examined in this chapter is strongly represented and well developed in Irish popular culture of the late nineteenth and early to mid twentieth centuries. I have added to the archival material narratives obtained through my own folklore collecting as well as through my research in primary and secondary sources.⁶ The accumulated data provide a rich and complex corpus of folk belief, legend and custom surrounding both unbaptized infants (*leanaí gan baisteadh*) and the spirits of women who were said to be damned in the afterlife for sins committed during their lifetimes. This body of material represents widely attested and collectively affirmed oral traditions of the people of Ireland and it can provide insights into Irish folk religion and popular custom.

In examining Irish folklore texts, however, the nature of the collecting occasion, the particular interests or biases of the collectors, or of the narrators, should also be considered. As Virtainen and Du Bois remind us: 'in the folkloristic interview, the relations between folklorist/collector and informant influence the form and content of the discussion'.⁷ In this context it is worth noting that the collectors employed full-time by the Irish Folklore Commission in the period from 1935 to 1971 were all men who knew each other and who may well have shared knowledge of current beliefs and legends, possibly with a heightened awareness of, or even actively seeking, particular types of legend or story.⁸ The *Gaeltacht*, or Irish-speaking areas, and the southern Irish counties of Kerry, Cork, Limerick, Waterford and Tipperary are most strongly represented in this particular folkloric material. The social, historical, political and economic

⁶ See O'Connor, *Child Murderess*; O'Connor, *Blessed and the Damned*. This personal fieldwork has informed my research and conclusions.

⁷ L. Virtainen and T. Du Bois, *Finnish Folklore* (Studia Fennica Folkloristica, ix, Helsinki, 2000), p. 28. See also L. Honko, 'Do we need a folkloristic code of ethics?', *Folklore Fellows Network*, xxi (2001), 2–7, regarding contemporary reflections on the ethics of folklore collecting.

⁸ See O'Connor, *Child Murderess*, for details of all of these narrators and collectors, places and times of collecting. The full texts, in English and Irish, are provided in the appendices.

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circumstances in which the folklore collectors operated must be borne in mind.⁹ The prevailing ethos, imbued with Gaelic, nationalist and Roman Catholic concerns, represented a worldview in which greater emphasis was inevitably placed on some ‘tradition areas, languages, gender and genres’ than others.¹⁰ In assessing the legacy and achievements of the IFC folklore collectors, therefore, cognizance must be taken of the sociological aspects of folklore collecting.¹¹

We may also discern a continuing and evolving process of identity formation, and of how Irish people, or any group, represent themselves through their oral communications and their storytelling.¹² The stories that we tell reveal a great deal about our contemporary preoccupations and priorities. To quote Tom Inglis:

Since there is a choice about what to include and omit, and how to tell them, stories about oneself and the time and place in which we live reveal truths about ourselves. By telling stories about the past, we can understand not only how things were different then, but also what legacies remain from that time in the way we see the world and ourselves. We can understand how we came to be the way we are. Stories become the images and reflections left behind as we move on through time. Some stories, over time, become mythical.¹³

Legends of the supernatural return of restless spirits

Stories concerning the supernatural manifestation of restless spirits, of various sorts, abound in Irish folklore. I wish to focus on stories which

⁹ Ó Giolláin examines the bases upon which folklore collecting was initiated in Ireland, tracing the role of folklore in nation-building identity formation (see D. Ó Giolláin, *Locating Irish Folklore: Tradition, Modernity, Identity* (Cork, 2000), pp. 63–113). For a discussion of cultural loss in 19th-century Ireland and the consequent efforts to recover cultural inheritance, see A. Bourke, ‘The baby and the bathwater: cultural loss in 19th-century Ireland’, *Ideology and Ireland in the 19th Century*, ed. T. Foley and S. Ryder (Dublin, 1998), pp. 79–92.

¹⁰ Patricia Lysaght writes of ‘the geographical, linguistic, gender and genre bias of Irish folklore scholarship in the published repertoires to date’ of the folklore collectors of the Irish Folklore Commission. She made these comments in the context of her exposition of the material she collected from Mrs. Jenny McGlynn, in Co. Laois (see P. Lysaght, ‘Fairylure from the midlands of Ireland’, in *The Good People: New Fairylure Essays*, ed. P. Narváez (New York, 1991), pp. 22–46).

¹¹ Regarding the achievement and legacy of the Irish Folklore Commission, see B. Almqvist, *The Irish Folklore Commission: Achievement and Legacy* (Dublin, 1979); M. Briody, *The Irish Folklore Commission, 1935–70: History, Ideology, Methodology* (Helsinki, 2007). See also J. H. Delargy, *The Gaelic Storyteller* (1945).

¹² S. Ó Súilleabháin, *A Handbook of Irish Folklore* (Dublin, 1942; repr. Detroit, Mich., 1970); G. D. Zimmerman, *The Irish Storyteller* (Dublin, 2001).

¹³ T. Inglis, *Truth, Power and Lies: Irish Society and the Case of the Kerry Babies* (Dublin, 2003), p. 242.

concern a sinful woman spirit ('legends of the damned'), and an innocent child spirit and a 'wronged' woman sinner-saint figure ('legends of the blessed'). Taken as extremes along a spectrum of religious belief and legend, these two types of narrative can be examined as 'icons', as points of entry to an understanding of the dynamics of the oral transmission process, and the place of narrative storytelling in religious and historical contexts.

The subject of babies who die before they receive baptism includes stillborn babies, those miscarried or aborted before birth, and those who die (either of natural causes or otherwise). Their death and burial reflected their liminal status in the Otherworld, being interred in unconsecrated ground, between sunset and sunrise, in various children's burial grounds throughout the country.¹⁴ In treating the death and burial of these babies differently, Ireland is not alone, as there are complementary bodies of folklore and tradition from all over Europe, and throughout the world. The emphasis on the importance of baptism for salvation is a central Christian tenet.¹⁵ In addition, beliefs about babies who die before being recognized as part of the human family abound in non-Christian tradition areas also: that a child might die before it has been given a name was considered important, and the folklore surrounding babies who were stillborn or who were miscarried attests to this deeply human and emotional subject.¹⁶ Stillbirth confounds us. The Irish legend material explores the Otherworld fate of unbaptized infants, and reveals how priestly intervention can deliver salvation to these restless spirits.

The power of the Roman Catholic priest is highlighted in these narratives.¹⁷ The preoccupation with the ideal behaviour of the priest

¹⁴ See O'Connor, *Blessed and the Damned* and O'Connor, *Child Murderess*, for details of these traditions and their international context.

¹⁵ See O'Connor, *Blessed and the Damned*, pp. 65–98; O'Connor, *Child Murderess*, pp. 17–25, 33–61, 97–104.

¹⁶ See, e.g., the work of J. Pentikäinen, *The Nordic Dead-Child Tradition. Nordic Dead-Child Beings: a Study in Comparative Religion* (Helsinki, 1968); J. Pentikäinen, 'The dead without status', *Temenos*, iv (1969), 92–102, which inspired my initial research in the late 1970s and 1980s.

¹⁷ Ó Súilleabháin, *Handbook*, p. 383; S. Ó Súilleabháin, 'Scéalta cráibhteacha', *Béaloideas* xxi (1951–2), 1–279 and 281–338. See also S. J. Connolly, *Priests and People in Pre-Famine Ireland, 1780–1845* (Dublin, 1982); D. Ferriter, *Occasions of Sin: Sex and Society in Modern Ireland* (2009); J. Ní Fhearghusa, 'The Devil's son as priest: distribution, form and function of a story on the borderline between folktale and folk legend', *Béaloideas*, lxii–lxiii (1994–5), 89–108; P. Ó Héalaí, 'Cumhacht an tSagairt sa Béaloideas', *Léachtaí Cholm Cille*, viii (1977), 109–31; P. Ó Héalaí, 'Priest versus healer: the legend of the priest's stricken horse', *Béaloideas*, lxii–lxiii (1994–5), 171–88; L. Ó Laoire, 'That be't Banagher and Banagher be't the Devil: an international devil tale in Irish tradition', *Béaloideas*, lxii–lxiii (1994–5), 189–98; and L. J. Taylor, *Occasions of Faith: Anthropology of Irish Catholics* (Dublin, 1995).

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exemplifies the highly complex moral and theological issues that are central to these stories. The priest is juxtaposed to the woman figure, whether it is the sinner-saint¹⁸ character or the ‘she-devil’, and in many ways the priest is also saved or damned as a result of this encounter. The ‘legends of the blessed’ tell of the goodness and love of the young curate in contrast to the meanness of the older parish priest, and they also allow insight into the ways in which priests were perceived by Irish people at the time of their telling. God’s forgiveness is not withheld from the sinner-saint, despite the harsh judgement of the parish priest, and instead, the priest himself is judged as lacking in Christian generosity. Indeed human compassion is highlighted in the brave actions of the younger priest. The ‘legends of the damned’ underline the frightening power of the priest to exorcize evil spirits and the Devil. In all, complex popular attitudes to the priest in Irish folklore are manifest.

Legends of the blessed: the unnamed woman ‘Mary Magdalene’ sinner-saint legend

The first narrative is an example of the unnamed woman Mary Magdalene sinner-saint legend type which was collected in the summer of 1958 by Seán Ó Dubhda from Seán Ruiséal, a seventy-three-year-old labourer and fisherman from Cill Mhaolchéadair, in Corca Dhuibhne, the Dingle peninsula, in County Kerry in the south-west of Ireland. Here is my translation of the original Irish text:¹⁹

The woman who had twelve illegitimate children

This was a woman – a young woman who was having babies one after another, and she was like that until she had twelve – eleven – children [storyteller corrects himself]. A complaint was made to the priest and it was said to him that the same thing had happened again, that she was about to have another child. The parish priest spoke to the whole community [parish] on Sunday then, and he forbade anyone to give her any help or succour, and said that if he heard of anyone doing so that he would curse the place where they were.

¹⁸ For a discussion of women as healers, see G. Ó Cruaíoch, *The Book of the Cailleach: Stories of the Wise-Woman Healer* (Cork, 2003); O’Connor, *Blessed and the Damned*, p. 60. For keening women, see A. Bourke, ‘More in anger than in sorrow: Irish women’s lament poetry’, in *Feminist Messages: Coding in Women’s Folk Culture*, ed. J. Radner (Urbana, Ill., 1993), pp. 160–82; P. Lysaght, *The Banshee* (Dublin, 1985); A. Partridge, ‘Wild men and wailing women’, *Éigse: a Journal of Irish Studies*, xviii (1980), 25–37; B. Ó Madagáin, *Gnéithe den chaoiteoireacht* (Dublin, 1978).

¹⁹ For original Irish text, see NFC, Main Manuscripts Collection, MS. 1505, pp. 297–300, summer 1958 (also published in O’Connor, *Child Murderess*, pp. 167–9 and O’Connor, *Blessed and the Damned*, pp. 127–30).

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The woman went away when she went into labour and she headed towards a small hill cabin, and she went in there, and she was grieving piteously, with nobody nearby and night had fallen. But a boy who was caring for animals came that way, and the night was so dark that you would not see your finger, nor the person who would put their finger in your eye, nor anything anywhere. The boy heard all the grieving inside in the old house, and he thought it strange, and he said to himself that he would find out the cause of the grieving/groaning. He went into the house and asked who was there, or what was the cause of this grieving, and what was it all about. The woman spoke to him and said that she was dying, and asked him to bring the priest to her. 'O my', he said, 'that's difficult for me, but I'll do my best, and go as far as I can, but the night is as black as pitch'.

The boy went to fetch the priest, and when he went outside, there were eleven angels there, each with a small light, accompanying him until he reached the priest's house. He knocked on the door, and the parish priest came out to him, and he said that such-and-such a woman was dying and that he was looking for the priest. 'You're worse', said the parish priest, 'coming here to tell us, because I will not anoint or hear confession for that one, and I will not go to her now'. The coadjutor [junior priest] was inside reading, and he got up, and he said that if the parish priest would not go, then he would go himself. 'If you go', said the parish priest, 'you will stay out until morning, because the doors will be bolted shut against you'. 'I don't care, I'm going', said the coadjutor priest. He hurried off, and did not pay any attention to the old priest, nor to the bolts that would be on the doors when he would return; he did not care whether they were open or closed, and he hastened his pace, and the small lights were in front of him.

One of the little lights was flickering, getting dim and then bright, then dim again, while the eleven others were shining brightly all the time, but this twelfth one was flickering and even going out altogether every so often. 'What's the matter with you?' he asked the little angel whose light was going out from time to time. 'I have just been born', he said, 'but I am not baptized'. He turned to the little angel, and made a godmother and godfather out of two of the other little angels, and he baptized it. Then he continued until he reached the little house at the bottom of the hill, and he anointed the woman with oils, and she died there, herself and her baby. Then he saw what looked like pigeons, herself and the twelve children, moving from the house into the sky. The priest then said to the young boy that he was blessed, and that he would gain entry to heaven because of what he had done to help the woman.

The young priest went homewards, and the angels with their lights followed him until he had reached home safely. He put his hand to the door and opened it. The parish priest got up in the morning and asked who had opened the door, or who had had the boldness to open the door for the young priest. The coadjutor priest told the parish priest what had happened, just as I have told

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you now. The parish priest did not do anything, except he threw off his clothes and capes, and went off towards the woods and the hills, saying that he had delivered judgement on another, and that he was damned. See how wrong it is to judge someone. It was a cross that was upon that woman, and there was nothing she could do about it. The coadjutor priest founded a small monastery at the place where she was buried, near there. Wherever it is, I do not know.

This, and the following legend, are examples of what we call ‘belief legends’. The Finnish folklorist Marja Jauhianen, states that:

Belief legends have deep roots, not only in the underlying folk belief but also in social reality, that is, the formation of the legends are affected by the age, gender, occupation, residence, religious orientation and the ethical perspective of both narrators and audience. For this reason, therefore, belief legends reflect historical, religious and social factors as well as those factors linked to custom, and reveal national characteristics better than many other prose genres of folklore.²⁰

This is an ongoing process, so the legends form and re-form in the context of changing social realities. In addition, legends may enter or re-enter circulation prompted by events, or the publication of written versions of these texts, or their rediscovery and subsequent dissemination. This bears testimony to the dynamism of folklore as process.

Legends of the damned: the unrepentant child murderess legend, ‘Petticoat Loose’

The second narrative is the story of ‘Petticoat Loose’, a version of the unrepentant child murderess legend type from Mitchelstown, Co. Cork, recorded on 30 August 1935 by Liam Ó Floinn from John Hickey, sixty-nine years of age, a general worker, who tells this version in English, as follows:

Petty-Coat Loose

Petty-Coat Loose was seen mostly around Bay Lough. No one could pass the road with her. There was a man passing there one night, going for a nurse for his wife. She was in her confinement. He met Petty-Coat Loose on the road near Bay Lough. She threatened him and said she would kill him. ‘Don’t kill me’, said he to her, ‘Or you will have taken murder of three on you. I’ll come tomorrow night, at this time, to this place, and you can meet me, but leave me go tonight’.

The poor man went away for the nurse, and the following day, he went to the parish priest, and told him the whole story from top to bottom. The

²⁰ M. Jauhianen, ‘The sins of women in Finnish belief legends’, *Studia Fennica*, xxxiii (1989), 210–20, at p. 219.

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parish priest said he would horse-whip him for making this promise. He went to an old man then and told his story, and the old man advised him to go to the curate. The curate listened to his story, and when he was finished, he said: 'Don't be a bit afraid, I'll make everything alright'. He gave him holy water, and told him that he would go with him to meet Petty-Coat Loose that night.

That night came, and the priest and the poor man were going along the road to where they were to meet her. When they were within twenty yards of the spot, the priest said 'Take this holy water, and go on and meet her. Make a ring of holy water around you. If she comes through the first ring, make another, and if she comes through the second ring, make a third. If she will try to go through the third ring, I will be with you'. The man went up to the place, and she was waiting for him. He made a ring of holy water, as the priest said, but she walked through it. He made a second but 'twas the same, she walked through it again. He made a third, and she tried to go through it, but the priest stepped out from behind her and he laid his stole on her head. She roared to take this weight off her head. The priest said: 'I will if you tell me what damned you'. She said she would, and she said, 'twas for beating her father. 'No', said the priest, 'That's not what damned you, if you don't tell me the truth I'll keep this weight on your head forever'. She said: 'I was damned for killing my three children'. 'You Devil', said the priest, 'That's what damned you. I'll put you out to sea for seven years', says the priest, 'that's the penance I'll put on you'. 'I'll burn the ships', says she, 'and I'll drown everyone that goes on the sea'. 'You won't', says the priest, 'for I'll put a weight on your head so that you can't do harm'.

The priest put her to it for seven years. When the seven years were up she came back, and was as bad as ever. Frightening people and killing them. The priest went to her again and put her away forever then, and that's all was heard of her since, she is somewhere out at sea, doing her penance now.²¹

Much of the folklore attached to the figure of 'Petticoat Loose' forms part of the international folklore on the Evil One or the Devil and the representation of this evil woman spirit is sometimes that of a 'she-devil'.²² It is therefore not surprising that the oral narratives which feature 'Petticoat Loose' as a loose, sexually transgressive or 'fallen woman', and as an unrepentant child murderess spirit, reveal this aspect very forcibly. However, these narratives are only part, albeit a central part, of the overall complexity of the character and image of 'Petticoat Loose', or indeed of her sister spirits 'Moll Shaughnessy', '*Sprid na Bearnan*' or '*Máire Ghaelach*', throughout Ireland.

²¹ NFC, Main Manuscripts Collection, MS. 128, pp. 151–5, 30 Aug. 1935.

²² See O'Connor, *Blessed and the Damned*, p. 42.

In the responses to the Childbirth/*Breith Chlainne* questionnaire that I distributed in the early 1980s throughout the island of Ireland, and personal interviews that I conducted on related issues, no versions of either of these legend types were communicated. That some memory of such stories existed was, however, apparent, especially in the 'Petticoat Loose' heartland of south-east Munster, and indeed, in more recent times, there has been a revitalization of interest in this figure in that area, with local websites retelling the stories associated with her. How, then, is the folklorist to interpret the significance of such stories? Clearly, these narratives were being told in very specific social and religious circumstances of the Ireland of the 1930s through to the 1950s. To what extent did echoes of such stories survive into the latter part of twentieth-century Ireland when the Ann Lovett and Kerry Babies cases raised the spectres of abortion and child murder once again in Irish society?²³ The 'Petticoat Loose' legends were clearly well known throughout south-eastern Ireland. There are literally hundreds of references to these spirits and their exploits, told in both the Irish and English languages, and recorded by both men and women from male and female storytellers. These narratives are also found in the National Folklore Collection Schools' Manuscripts Collection, 1937–8. I have elsewhere suggested that these stories of 'loose', sexually transgressive women probably originated in the south-east of Ireland, and are likely to find parallel in France, England and mainland Europe. The 'Petticoat Loose' stories also become associated with the south-west of the country, the heartland of the west Kerry *Gaeltacht*.²⁴

A close study of the west Kerry narrative complex of the legends of the blessed and the damned reveals that there was a shared interest in these stories among a group of Irish male collectors in the early years of the twentieth century, and there is evidence of a renewed interest among the

²³ See O'Connor, *Blessed and the Damned*, p. 14; see *Dáil Éireann Debates*, cccxlviii, 16 Feb. 1984, for discussion between Pronsias De Rossa, TD and Barry Desmond, TD; *Report of the Tribunal of Inquiry into the Kerry Babies Case Tribunal 1985*. See A. Bourke, 'The burning of Bridget Cleary: newspapers and oral tradition', *Tipperary Historical Journal* (1998), 112–27, at p. 126, nn. 4, 5; G. Colleran and M. O'Regan, *Dark Secrets: the Inside Story of Joanne Hayes and the Kerry Babies Case* (Tralee, 1985); J. Hayes, *My Story* (Dingle, 1985); Inglis, *Truth, Power and Lies*, pp. 124–5, 162, 221; G. Kerrigan, 'The Kerry Babies case', *Magill* (1985), pp. 4–34; N. McCafferty, *A Woman to Blame* (Dublin, 1985); B. O'Halloran, *Lost Innocence: the Case of the Kerry Babies* (Dublin, 1985); *The Abortion Papers, Ireland*, ed. A. Smyth (Dublin, 1992). See *Dáil Éireann Debates*, cccxlix, 30 May 1985, for discussion between Séamus Brennan, TD and Michael Noonan, TD, regarding the terms of reference for the Kerry Babies Tribunal. This story was also the subject of much media coverage at the time (see, e.g., *Sunday Tribune*, 5 Feb. 1984), including *Scannall*, an RTÉ One television documentary broadcast on 27 Sept. 2004; see also *Irish Times*, 21 Oct. 1992 and 16 Oct. 2001.

²⁴ See O'Connor, *Blessed and the Damned*.

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IFC collectors in these legends in the 1930s. Indeed, the strong interaction between the oral tradition and the written tradition on the Blasket Islands points to this continuing fascination with themes and motifs of earlier eras.²⁵

In his analysis of Irish Catholicism, Tom Inglis quotes Pierre Bourdieu's phrase 'religious habitus'²⁶ and writes that 'the habitus, embodied in the home, schools and church, produces specific Catholic ways of being religious and ethical'.²⁷ Inglis notes that:

Religious tradition is not simply a set of beliefs and values which are held within the mind and passed on from generation to generation. It involves a physical and political control of social structures. The power of the Catholic Church in Ireland was not just ideological. Its ability to limit what people did and said; to imbue the Irish habitus with its moral ethos and sensibilities; and to form good Catholic personalities, was founded on an ownership and control of physical resources which were operated by a well-trained, disciplined and devoted team of priests, nuns and brothers ... It is also to argue that the way in which the teachings, beliefs, and values of the Church have been maintained among the Irish has not depended simply on historical loyalty or some innate spirituality, but rather on a systematic process of socialization exercised in churches, schools, hospitals and homes. It is within these buildings that Irish people have been instructed, supervised, and disciplined to the ritual practices and teachings of the Catholic Church.²⁸

Irish religious lore and legend reveals something of the hidden lives of Irish people in their oral narratives which were so often communicated from one to another, primarily in their homes, schools and churches.

Conclusions²⁹

My analysis suggests that Irish folk belief and legend concerning the blessed and damned souls of sinful women and unbaptized children have contributed to, and themselves been shaped by, the construction of a very particular religious worldview in Ireland. These stories were told for specific purposes and in very specific historical and social circumstances. In terms of the representation of women in Irish religious legend, it must be remembered that the face of woman in Judeo-Christianity is at once sacred and profane: Eve and the Virgin Mary are the archetypal representations

²⁵ See O'Connor, *Blessed and the Damned*, p. 204.

²⁶ See P. Bourdieu, 'Legitimation and structured interests in Weber's sociology of religion', in *Max Weber, Rationality and Modernity*, ed. S. Whimster and S. Lash (1987), pp. 119–36, at p. 126.

²⁷ T. Inglis, *Lessons in Irish Sexuality* (Dublin, 1998), p. 10.

²⁸ Inglis, *Lessons*, p. 64.

²⁹ This conclusion draws on findings in O'Connor, *Blessed and the Damned*.

of this duality.³⁰ Thus, in narratives of women and sin in Irish and European folklore, themes and motifs concerning sin, repentance, the unrepentant woman, the penitent whore, the ‘she-devil’ or witch, and similar images abound.³¹ The specific representation of women as either blessed or damned in the afterlife as a result of their sins and transgressions in this life is one of the focus points of the present study, and the situating of that traditional, folkloric material within specific social, historical and geographical contexts is fundamental to the approach taken in this analysis. Religious themes of sin and repentance, forgiveness, redemption and damnation abound in this material, and the focus is very specifically upon evil women spirits, holy infant spirits and sinner-saint figures, themes which provide insights into popular belief and religious expression.³²

In all of the narratives examined for this study a transgressive woman figure is juxtaposed with that of a Roman Catholic priest, and their encounter and exchange is a central feature of the narrative. While social control is more evidently at the heart of the ‘Petticoat Loose’, ‘fallen women’ legends, it is combined with a compassionate understanding of the human predicament and an appreciation for the complexity of human suffering. This is most obvious in the legends of the blessed sinner-saints and their unbaptized dead-child spirits.

Representations of unbaptized children in Irish folklore are predominantly benign, with the little souls seeking to be baptized in order to attain Heavenly rest in the Otherworld. The Irish legend material is distinctive and most closely resembles that of France. It is, however, distinctly different from that of the Nordic regions, in which the emphasis is on the spirit of the murdered child which seeks revenge, and acts malevolently, haunting and attacking people. In the Irish legend tradition, the little child spirits are manifest as lights, not actively seeking rest, and it is the goodness of the (younger) priest which is shown in his kindness in baptizing them.³³

³⁰ M. Warner, *Alone of All her Sex: the Myth and Cult of the Virgin Mary* (1976), pp. 58–9: ‘The cult of Mary is inextricably interwoven with Christian ideas about the dangers of the flesh and their special connections with women’. The pure and the profane representations of Eve and Mary are discussed by M. Douglas, *Purity and Danger: an Analysis of Concepts of Pollution and Taboo* (1976), p. 158. See also J. Fox, ‘The creator gods: romantic nationalism and the en-genderment of women in folklore’, *Journal of American Folklore*, c (1987), 563–72.

³¹ For analogous research, see the ongoing work of A. K. Larsen, on ‘Witch, whore, madonna and heroine’ in Norwegian folklore and society, presented at a conference in Norway in 2002. I am grateful to Anne Katrine Larsen for sharing her conference paper, 30 Oct. 2002.

³² See O’Connor, *Blessed and the Damned*.

³³ O’Connor, *Child Murderess*, pp. 75–80.

In all of these narratives, the power of the Roman Catholic priest is evident. The importance of the sacraments is also emphasized. The priest is juxtaposed to the woman figure, whether it is the sinner-saint character or the she-devil, and, in many ways, he is also saved or damned as a result of this encounter. Irish religious tradition is predominantly Roman Catholic in ethos, with a blending of pre-Christian/'pagan' spirituality. There is a creative tension between 'official' religion and 'folk' or popular religious expression. The historical dating of religious legend is contentious and also often impossible. Despite much searching, no definitive 'medieval' sources have been found to demonstrate a direct linkage between a medieval narrative and the religious folklore concerning sinful women and unbaptized children collected in Ireland in the twentieth century. Rather evidence exists to suggest that 'medieval' themes and motifs were introduced and re-introduced into Irish folklore during the ensuing centuries, and that these are particularly well represented in the religious stories of Ireland. It is also my belief that a seventeenth-century Irish source, the *Sgáthán Shacramuinte na hAithridhe* (Mirror of Penance) composed in 1618 in Louvain by Aodh MacAingil and intended to counter Protestant teachings,³⁴ or its folkloric equivalent, may prove to be the ultimate source of the twentieth-century folk legend of the 'Petticoat Loose' or unrepentant child murderess type in Ireland.³⁵ In MacAingil's text, the child murderess spirit returns from Hell to reveal herself to her son (who, we are told, was in a religious order) as an unrepentant evil woman spirit who has been damned forever for the heinous act of killing her illegitimate baby. MacAingil was a well-educated theologian of the Counter-Reformation Catholic Church. In his treatise on the sacrament of penance, he included a section entitled 'Don mhuinntir cheilíos tre náire cuid dá bpeacadhuibh san fhaoisdin' ('Concerning those who through shame conceal some of their sins in confession'), in which he recounted a story of how a woman's spirit was damned forever because she had concealed her sins instead of confessing and repenting of them.³⁶ In

³⁴ *Sgáthán Shacramuinte na hAithridhe*, ed. C. Ó Maonaigh (Dublin, 1952), pp. 82–3. Aodh MacAingil (also known as Hugh MacCaghwell) was an Irish Franciscan priest who had been a founder of St. Anthony's College in 1606 along with Flaithrí Ó Maolchonaire (also known as Florence Conry) (see O'Connor, *Child Murderess*, pp. 22–5, 88, 120–1). See also C. Giblin, 'The contribution of Irish Franciscans on the continent in the 17th century', in *Irish Spirituality*, ed. M. Maher (Dublin, 1981), pp. 88–103; S. A. Meigs, *The Reformations in Ireland: Tradition and Confessionalism, 1400–1690* (Dublin, 1997), pp. 81–90.

³⁵ See O'Connor, *Blessed and the Damned*, p. 187.

³⁶ Ó Súilleabháin, 'Scéalta cráibhtheacha', pp. 32–64; Héalaí, 'Cumhacht an tSagairt sa Béaloideas'; Ó Héalaí, 'Priest versus healer'; and see O'Connor, *Child Murderess*, pp. 88, 120–1 and Irish text in MacAingil, 1618 (*Sgáthán Shacramuinte na hAithridhe*, ed. C. Ó Maonaigh (Dublin, 1952), pp. 82–3, ll. 2667–99). See also Ferriter, *Occasions of Sin*; Ní

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terms of likely sources for this tract, we are told by Giblin that:

Mac Aingil illustrated his teaching by frequent examples in the form of stories drawn from a collection of tales which were in popular use among the preachers of his time to explain the truths of religion to their listeners. These stories enhanced the appeal of his work, nurtured the imagination, and held the attention of his readers, and introduced them to a vast world outside Ireland. Judging by the vast numbers of handwritten copies of this work, it must have been immensely popular.³⁷

In addition, I have identified a written Irish source from the latter part of the sixteenth century,³⁸ namely a religious poem by Aonghus Fionn Ó Dálaigh, entitled *Sgéaltaar Mhuire* (Stories of Mary),³⁹ in which the repentance of a child murderess figure is the central theme, and which constitutes a retelling in Irish of a medieval exemplum theme once widespread in continental Europe and Britain. Significantly, the repentant child murderess tradition does not seem to have survived into modern Irish folklore.

Linkages between Ireland and France, specifically Brittany, also emerge as crucially important in this study, and more folklore research is required further to elucidate the nature of this interrelationship. The strength of this relationship is evidenced by the prevalence in Ireland of post-Tridentine French Catholicism from the eighteenth century onwards.⁴⁰ Other linkages can be demonstrated across a range of topics. The primacy of baptism is emphasized in terms of the salvation of the soul of the unbaptized child and the similarities between the Breton *gwerz* ballad tradition and the Irish legend material on sexually transgressive women in which the woman’s lack of repentance is central. The Irish dead child legends – *leanaí gan baisteadh* (children without baptism) – parallel the French tradition – *les enfants morts sans baptême*. The Mary Magdalene sinner-saint tradition, the focus on the proper behaviour of priests, and the miraculous resuscitation of the dead children to be baptized are also manifest in both tradition areas. In addition,

Fhearghusa, ‘The Devil’s son as priest’; T. Ó Cléirigh, *Aodh MacAingil agus an Scoil Nua-Ghaeilge i Lobbáin* (Dublin, 1938); Ó Connor, *Blessed and the Damned*; A. O’Connor, ‘Women in Irish folklore: the testimony regarding illegitimacy, abortion and infanticide’, in *Women in Early Modern Ireland*, ed. M. MacCurtain and M. O’Dowd (Edinburgh 1991), pp. 304–18; Ó Laoire, ‘That be’t Banagher’; Taylor, *Occasions of Faith*.

³⁷ Giblin, ‘Contribution of Irish Franciscans’, p. 95.

³⁸ See O’Connor, *Blessed and the Damned*, p. 193.

³⁹ *Dánta do chum Aonghus Fionn Ó Dálaigh*, ed. Revd. L. McKenna (Dublin, 1919), pp. 67–8, verses 14–25, and discussed in O’Connor, *Child Murderess*, p. 86. See also L. Ó Caitnia, *Apológ na bhFíli, 1200–1650* (Dublin, 1984), p. 196.

⁴⁰ See O’Connor, *Blessed and the Damned*.

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the strength of the Irish folklore connection with British and continental European folk tradition, as well as the Nordic tradition, is also evident.

This study suggests that these religious stories were primarily transmitted during the late nineteenth and the first half of the twentieth century and that the main folklore collectors themselves, all of whom were men, were especially interested in these types of narratives and may have actively sought or shared these stories with each other and with their storytellers or tradition-bearers. It is my contention that there were particular reasons for telling such stories, namely the enforcement of Roman Catholic theology, morality and teachings on human sexuality. Miriam Moffitt has presented the thesis that 'neither the Protestant reformation nor the teachings of Trent ever penetrated as far into rural Ireland, and ... what we term the Second Reformation, a nineteenth-century crusade to convert the Roman Catholic population of the western seaboard, was in fact the tail end of the First Reformation' in Ireland.⁴¹ To quote Moffitt:

it had two important, but unforeseen consequences. Firstly, it established that the majority of Ireland's population gave their allegiance to the Church of Rome, and secondly, it ensured that Tridentine practices and reforms were followed in all dioceses, regardless of geographical location, wealth of the laity or disposition of the clergy. In this manner, the proselytising crusades of the nineteenth century helped banish forever the remnants of pre-modern folk religion and galvanised the position of the Ultramontaine church. While change of this nature was underway even before the famine, the establishment of such an aggressive organisation as the ICM [Irish Church Missions] ensured the completion of this process.⁴²

In conclusion, it is apparent that folklore scholarship in Ireland has grown and developed over the last thirty years, and is now able to benefit from the insights and scholarship of other disciplines that facilitate a 'broader view', such as that offered by cultural studies, feminist analysis and representational historical enquiry. New ways of seeing are only possible because of the strength of the scholarly folkloristic foundation that has been consolidated over that period. Thus we can now take advantage of the alternative lenses currently available for (re)interpretations. In addition, the contribution that folklore can make to historical enquiry, long the subject of contention and debate, but which recent cross-disciplinary studies have revealed to be a fruitful and rich seam of research, may now be fully appreciated. In this

⁴¹ I am grateful to Dr. Moffitt for sharing this view (personal communication from Dr. Moffitt at WHAI conference, subsequent meeting, and email, 9 March 2011).

⁴² M. Moffitt, *The Society for Irish Church Missions to the Roman Catholics, 1849–1950* (Manchester, 2010), pp. 267–8.

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regard, it has always been my hope that the contribution that folklore can make to research in history, and specifically women’s history in Ireland, is more evident as a result of my own work which opened up a hitherto hidden aspect of popular social belief and custom, much of which can be seen to have its roots in Irish religious folklore. This points the way forward for more and exciting research opportunities, and the work presented in this volume testifies to this development.

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